Stockport NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING

6 DECEMBER 2017

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Council of Governors bundle - 6 December 2017

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Stockport NHS
NHS Foundation Trust

Meeting of the Council of Governors
Wednesday, 6 December 2017

Held at 3.00pm in the Lecture Theatres, Pinewood House, Stepping Hill Hospital

AGENDA

Time			Enc	Presenting
1500	**1.**	Apologies for Absence		
	2.	Amendments to Declarations of Interests		
1505	**3.**	Minutes of previous meeting: 9 October 2017	✓	**A Belton**
1510	**4.**	Chair's Report	✓	**A Belton**
1520	**5.**	Chief Executive's Report & Integrated Performance Report	✓	**A Barnes**
1550	**6.**	Appointment of Lead Governor	✓	**P Buckingham**
1600	**7.**	Governor Committee Arrangements	✓	**P Buckingham**
1615	**8.**	Reports from Governor Committees: ▪ Governance & Membership Committee	✓	**Committee Chairs**
1625	**9.**	Lead Governor Communication	*Verbal*	**L Jenkins**
	10.	**DATE, TIME & VENUE OF NEXT MEETING**		
	10.1	Monday, 16 April 2018, 6.00pm in the Lecture Theatres, Pinewood House.		

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A TEN-MINUTE FORUM FOR PRE-RECEIVED QUESTIONS WILL FOLLOW AT THE CONCLUSION OF THE MEETING OF THE COUNCIL OF GOVERNORS.

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STOCKPORT NHS FOUNDATION TRUST
Minutes of a Council of Governors Meeting
Held on Monday 9 October 2017,
6.00pm in the Lecture Theatres, Pinewood House, Stepping Hill Hospital

Present:

Mr A Belton	Chair
Mrs Y Banham	Staff Governor
Mrs E Brown	Public Governor
Dr R Cryer	Public Governor
Prof C Galasko	Public Governor
Mr R Greenwood	Public Governor
Mrs M Harrison	Public Governor
Mr C Hudsmith	Staff Governor
Mr L Jenkins	Public Governor
Mr R King	Public Governor
Mr T Johnson	Public Governor
Mrs L Woodward	Public Governor
Mrs J Wragg	Public Governor
Mr G Wright	Public Governor

In attendance:

Mrs C Anderson	Non-Executive Director
Mrs A Barnes	Chief Executive
Dr G Burrows	Deputy Medical Director
Mrs C Barber-Brown	Non-Executive Director
Mr P Buckingham	Director of Corporate Affairs
Dr M Cheshire	Non-Executive Director
Mrs S Curtis	Membership Services Manager
Ms R Holt	Interim Director of Nursing
Mr H Mullen	Director of Support Services
Mr F Patel	Director of Finance
Mr J Sandford	Non-Executive Director
Ms A Smith	Non-Executive Director
Mr M Sugden	Non-Executive Director
Ms S Toal	Chief Operating Officer

ACTION

26/17 Apologies for absence

Apologies for absence were received from Ms L Appleton, Dr R Catlow, Cllr L Dowson, Mr R Driver, Mr A Gibson, Cllr T McGee, Mrs J Shaw and Dr C Wasson.

27/17 Amendments to Declarations of Interests

Mrs M Harrison advised that the Stockport Clinical Commissioning Group's Patient Panel had been disbanded and therefore any associations to the panel should be removed from the Register of Interests.

28/17 Minutes of the Previous Meeting

The minutes of the previous meeting held on 24 July 2017 were agreed as a true and accurate record of the meeting subject to an amendment to minute number 14/17 to be amended to read "The minutes of the previous meeting held on *20 April 2017*….". The action log was reviewed and annotated accordingly.

29/17 Chair's Report – Appointment of Interim Chief Executive

The Chair welcomed Governors and colleagues in attendance to the meeting and noted that this would be the last Council meeting to be attended by Ms R Holt, Interim Director of Nursing. He thanked Ms R Holt for all her work at the Trust and wished her well in the future. The Chair also welcomed Ms C Griffiths, Improvement Director, who was observing the meeting.

The Chair presented a report which sought approval from the Council of Governors for the appointment of an Interim Chief Executive. He referred Governors to s2.1 of the report and noted that the current Chief Executive, Mrs A Barnes, was due to retire at the end of December 2017. The Chair reported that a process to recruit a substantive replacement for Mrs A Barnes had been conducted during the summer which had unfortunately been unsuccessful due to a number of shortlisted candidates electing to withdraw from the process. He noted that the intention was to re-advertise the substantive position in January 2018 but that this situation would result in a gap between the retirement of the current Chief Executive and the appointment of a substantive one. The Chair advised the Council that it was a statutory requirement for the Trust to have a Chief Executive who held responsibilities as the Accounting Officer and noted that arrangements had therefore been made for the identification and appointment of an Interim Chief Executive.

The Chair referred the Council to s3 of the report and advised that engagement with NHS Improvement and others had resulted in the identification of potential candidates for the Interim Chief Executive position. He reported that a recruitment process had subsequently taken place on 27 September 2017 and commented that the Lead Governor had been included in the Focus Group. The Chair advised that the outcome of the process was a recommendation from the Interview Panel to appoint Mrs H Thomson as Interim Chief Executive subject to Council of Governors approval. He noted that Mrs H Thomson had considerable experience of working at Board level and advised that the recommendation had been approved by the Non-Executive Directors at a meeting held on 28 September 2017.

The Chair then referred the Council to s4 of the report and advised that given the current Chief Executive's retirement date of 31 December 2017, there was a need to mitigate a continuity risk and ensure a

comprehensive handover and transition period. He advised that consequently the intention was that Mrs H Thomson would commence work with the Trust at the earliest opportunity in a role of Interim Chief Executive (Designate) prior to taking up the full responsibilities of Interim Chief Executive with effect from 1 January 2018.

In response to a question from Prof C Galasko, the Chair advised that two candidates had been shortlisted for the Interim Chief Executive position but one candidate had withdrawn from the process. He noted that both the Interview Panel and the Focus Group had been content to appoint Mrs H Thomson. Mr L Jenkins noted that he had participated in the Focus Group and had been impressed with Mrs H Thomson's presentation and record of achievement and would endorse the recommendation to appoint Mrs H Thomson.

The Council of Governors:

- Received and noted the Chair's Report.
- Approved the appointment of Mrs H Thomson as Interim Chief Executive (Designate) with appointment as the Interim Chief Executive with effect from 1 January 2018.

30/17 Chief Executive's Report – Strategic Developments

The Chief Executive presented a report which provided an update on a number of strategic developments. She briefed the Council of Governors on the content of the report and provided an overview on the following subject areas:

- Financial Recovery
- Quality and Safety
- Stockport Together
- Strategy
- Agency Utilisation.

In response to a question from Professor C Galasko regarding s2.2 of the report, the Chief Operating Officer briefed the Council of Governors on the Trust's plans regarding the reduction of bed capacity. Mr T Johnson noted his attendance at a Health & Social Care Expo in September 2017 where he had wished to seek assurance regarding sedation levels used for mental health patients in Stockport. He had been disappointed to note that NHS England had not updated the relevant data and commented that he would follow this issue up with them.

The Council of Governors:

- Received and noted the Chief Executive's Report on Strategic Developments.

31/17 Chief Executive's Report – Operational Developments

The Chief Executive presented a report which provided an overview of a number of operational developments. She briefed the Council of Governors on the content of the report and provided an overview on the following subject areas:

- Winter Preparedness and Urgent Care
- New Business Group Structure.

With regard to the 4-hour Emergency Department (ED) standard, the Chair was pleased to note that for one day during the previous week, the Trust had achieved a 99.6% performance against the standard. He wished to congratulate all staff involved for this achievement and noted in particular the Chief Operating Officer and her team. The Chief Executive noted the benefits of a single line of management as a result of integration of Health & Social Care services and provided an overview with regard to developments in this area.

The Chief Executive then referred the Council of Governors to s3 of the report and circulated a copy of an updated version of the new business group structure to the Governors. In response to a question from Mr L Jenkins who queried whether staff had been consulted on the new business group structure, the Chief Executive noted that the consultation process had included staff directly affected by the changes. Mr L Jenkins commented that he was pleased to note the full engagement.

In response to a question from Mr T Johnson, the Chief Operating Officer briefed the Council of Governors regarding care home capacity and the position with regard to Delayed Transfers of Care (DTOC). In response to a question from Mrs L Woodward, the Chief Operating Officer confirmed that the Trust was working closely with Derbyshire in this area for the benefit of High Peak patients. In response to a question from Mr J Sandford who queried plans to fill a number of senior vacancies, the Chief Operating Officer advised that interviews for the Associate Medical Director post were being held next week. She noted, however, issues regarding the Associate Director of Neighbourhood post which required a resolution from SMBC.

The Council of Governors:

- Received and noted the Chief Executive's Report on Operational Developments.

32/17 Care Quality Commission Report

The Interim Director of Nursing presented a report which updated the Council of Governors following the publication of the Care Quality Commission (CQC) reports into their inspections in March and June 2017. The Interim Director of Nursing briefed the Council of Governors

on the content of the report and noted the steps taken to communicate with staff and key stakeholders prior to and at the time of the publication of the reports. She also advised the Council of actions taken following the June inspection and prior to the publication of the reports which centred around the development of an Action and Assurance Plan (AAP) and consequent implementation of the individual actions outlined in the plan. The Interim Director of Nursing wished to thank all staff involved for the significant amount of work undertaken in this area, with particular thanks extended to Mr C Hudsmith and Ms C Marsland.

The Interim Director of Nursing noted the importance of developing and embedding a transformative change and commented that driving a culture of high quality care required the setting of very clear standards, being explicit about accountability for the standards and having a robust process of oversight and assurance. With regard to future developments, the Interim Director of Nursing provided an overview of the following areas:

- Quality Plan
- Consolidated Improvement Plan
- Ward Accreditation Scheme
- Business Group Performance Reviews
- Recruitment and Retention
- Structure to Deliver Quality
- New Appointments.

In response to a question from Mr G Wright regarding issues relating to nurse recruitment, the Interim Director of Nursing provided an overview of initiatives in this area, which included proactive working with students, overseas recruitment and using social media as a recruitment tool. She noted that the Trust was also focusing on staff retention. In response to questions from Mr G Wright and Professor C Galasko, Dr M Cheshire advised that the Quality Assurance Committee would be closely tracking progress against the CQC actions. The Interim Director of Nursing also provided an overview of the governance structure for tracking progress against the plan.

In response to a question from Mr T Johnson, Ms A Smith noted that exit interviews had proven particularly successful in nursing and had in some instances led to staff retention. She advised that cascading this best practice was included in the Trust's Workforce Plan. The Chief Executive advised that she and the Director of Workforce & OD met with new starters a year after they had commenced work at the Trust to establish and act upon any potential issues. In response to a question from Mr T Johnson regarding mandatory training, the Director of Corporate Affairs advised that the Trust had undertaken a significant amount or work to ensure staff compliance with Mental Capacity Act and Depravation of Liberty Standards training, which had been highlighted as areas of concern by the CQC.

The Interim Director of Nursing invited any interested Governors to **RH**

take part in a mock CQC assessment which would be held on 24 October 2017 and agreed to circulate further information regarding the event to Governors.

The Council of Governors:

- Received and noted the CQC Report.

33/17 Governor Committee Arrangements

The Director of Corporate Affairs presented a report, the purpose of which was to present a proposal for revised Governor Committee Arrangements to the Council of Governors for approval. He briefed the Council on the content of the report which proposed a merger of the Governance and Membership Development Committees and establishment of a Patient Experience Committee and a Quality Standards Committee. The Director of Corporate Affairs noted difficulties experienced in achieving a quorum for both Governance Committee and Membership Development Committee meetings. He commented that one of the factors affecting attendance and level of interest for both Committees was the nature of meeting agendas which tended to be relatively light with an emphasis on briefings rather than productive consideration of Committee business.

The Director of Corporate Affairs commented that attendance and participation in meetings of the Patient Safety & Quality Standards Committee was consistently good. He noted, however, that it could be argued that the level of interest actually impaired efficient conduct of Committee business due to the high number of attendees. The Director of Corporate Affairs noted the need to identify means of promoting involvement in all of the Council of Governors Committees to ensure that the overall Council had a good range of members with knowledge and insight of relevant subject areas. He reported that it was further suggested that a revised approach to Committee arrangements was necessary to achieve this.

The Director of Corporate Affairs referred to s3.2 and s3.4 of the report which detailed the following proposals:

- Merge the Governance and Membership Development Committees to form a Governance & Membership Committee

- Separate the current Patient Safety & Quality Standards Committee into two separate Committees; a Patient Experience Committee and a Quality Standards Committee.

The Director of Corporate Affairs advised that the proposals had been considered by the Governance Committee on 18 September 2017 and were consequently recommended to the Council of Governors for approval. He noted that the subject matter had also been discussed at the Governors' 'Ways of Working' workshop held on 24 July 2017. The Council of Governors subsequently approved the merger of the

Governance and Membership Development Committees with immediate effect.

Professor C Galasko noted that he was against the proposal to separate the Patient Safety & Quality Standards Committee noting that complaints, claims and quality were interlinked. Mrs M Harrison subsequently endorsed Professor C Galasko's comments. Mrs J Wragg noted that she agreed with the proposals outlined in the report and commented that patient experience did not get adequate time under the current arrangements. Mr R King commented that he agreed with the proposal to separate the two Committees but noted a need for interaction between the two Committees. In response to a comment from Mrs M Harrison, the Director of Corporate Affairs advised that terms of reference would be produced for all of the new Committees subject to the Council's approval of the proposals outlined in the report.

Mr L Jenkins noted the merit in separating the two Committees to help facilitate greater efficiency and ensure productive meetings. He also noted that the proposed topics for the two new Committees were not mutually exclusive. Mr R Greenwood commented that the topic had been discussed at length at the Governance Committee and noted his agreement with the proposal to separate the two Committees. Dr R Cryer noted that he also agreed with the proposal to separate the two Committees and commented that the practice could then be modified at a later date if necessary. The Director of Corporate Affairs confirmed that he would incorporate the various views expressed by Governors present in the draft terms of reference.

The Council of Governors voted on the proposal to separate the current Patient Safety & Quality Standards Committee into a Patient Experience Committee and a Quality Standards Committee. Of the Governors present, ten were in favour of the proposal and two were against it. Mr T Johnson wished to record his abstention from voting and Professor C Galasko wished to record that he had been against the proposal.

The Council of Governors:

- Received and noted the report.
- Approved the merger of the Governance and Membership Development Committee with immediate effect.
- Approved the separation of the current Patient Safety & Quality Standards Committee into a Patient Experience Committee and a Quality Standards Committee. These arrangements would take effect from the bi-annual refresh of Committee membership in December 2017.

34/17 Holding to Account – Definition

The Director of Corporate Affairs presented a report, the purpose of

which was to present a draft Holding to Account definition for adoption by the Council of Governors. He briefed the Council on the content of the report and noted that at the 'Ways of Working' workshop held on 24 July 2017, it had been agreed that a definition should be prepared to provide clarity on how the Holding to Account responsibility was discharged by Governors. The Director of Corporate Affairs advised that a draft Holding to Account definition, which detailed the various functions which demonstrate how the Council of Governors discharged its statutory duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, had been included for reference at Appendix 1 of the report.

The Director of Corporate Affairs advised that the draft definition had been considered at a meeting of the Governance Committee held on 18 September 2017 and was recommended to the Council of Governors for adoption. He noted that it was also recommended that the agreed definition should be incorporated in the Council of Governors Roles & Responsibilities document. Mr L Jenkins referred to the bullet point in the draft definition which referred to Governor observation of Non-Executive Director participation, and chairing, of Board Committee meetings. He was pleased to report that consideration was being given to the development of a Governor observer rota for all of the Board Committee meetings which, he noted, would improve Governor discharge of duties in this area. Mr L Jenkins noted his endorsement of the draft definition and commented on its usefulness to new Governors.

Professor C Galasko commented that Governors would benefit from receiving papers prior to Board Committee meetings to aid accurate observation of the meetings. The Non-Executive Directors present all endorsed the draft definition and commended its clarity. In response to a question from Mrs C Barber-Brown regarding the Holding to Account principle, the Director of Corporate Affairs noted that Governors would essentially gather the necessary information by asking Non-Executive Directors the relevant questions. In response to a question from Ms A Smith, the Director of Corporate Affairs advised that it was up to individual Council of Governors to agree means of discharging the duties relating to the Holding to Account principle. He acknowledged that further work was required to develop the principle in practice and noted that he was happy to work with Governors in this area.

The Council of Governors:

- Received and noted the report.
- Approved the recommendation to adopt the draft Holding to Account definition included at Appendix 1 for incorporation in the Council of Governors Roles & Responsibilities document.

35/17 Outcomes of Elections

The Director of Corporate Affairs presented a Report of Voting following the contested elections held in the Heatons & Victoria public constituency. He noted that voting had closed on 4 October 2017 and advised that the following candidates had subsequently been elected:

- Ms C Barton
- Dr T Kondratowicz
- Mr G Wright
- Mrs E Brown.

The Director of Corporate Affairs congratulated the successful candidates and noted that their three-year terms of office would commence at the Annual Members' Meeting on 12 October 2017. He noted his disappointment with regard to the low turnout of voting (18.2%) and commented that further work was required to improve the turnout in future elections. In response to a comment from Professor C Galasko regarding online voting, the Director of Corporate Affairs advised that all members in the Heatons & Victoria constituency had received postal copies of the ballot papers which had included an option to vote online.

The Council of Governors:

- Received and noted the Report of Voting.

36/17 Appointment of Auditors Report

The Director of Finance presented a report seeking a recommendation for approval to extend the contract for the Trust's External Audit service. He briefed the Council of Governors on the content of the report and provided an overview of assessments of current service provider performance which were included at s3 of the report. The Director of Finance noted that the recommendation to extend the contract for the Trust's External Audit service had been considered and consequently endorsed by the Governance Committee at its meeting held on 26 June 2017.

Mr J Sandford advised that the Audit Committee had also considered this matter and commented on much improved relationships with the service provider which had developed as the contract progressed. He noted the risks relating to a change in service provider in the current environment and advised that the Audit Committee had therefore endorsed the recommendation to extend the contract for the Trust's External Audit service for a period of 12 months with an option for a further 12 months dependent on the Trust's progress into an Accountable Care Organisation.

Mr L Jenkins noted that, when originally appointed, the service provider had given a number of undertakings which included continuity of staff aligned to the service. He advised that there had been a change in

Audit Manager at the end of Year 1 but noted that he was pleased to hear that relationships had improved. With regard to engagement, the Chief Executive expressed her disappointment in the current service provider over a lack of proactive engagement with her as the Trust's Accountable Officer. A number of Governors voiced their concerns with regard to this and proposed that expectations pertaining to contact with the Chief Executive be conveyed to the service provider. In response to a question from Mr R King, the Director of Finance provided an overview of the significant risks relating to a change in service provider in the current environment and referred to s4 of the report for further detail in this area.

In response to a question from Professor C Galasko, the Director of Corporate Affairs acknowledged that whilst changing auditors in one or two years' time would still be challenging, it was hoped that by then there would be a greater degree of clarity with regard to the structure of the organisation. Mr J Sandford suggested that any further extension to the External Audit service be considered again at the Council of Governors meeting in July 2018. Mrs E Brown noted a number of errors in the External Audit service specification which had been included in Appendix 1 to the report, e.g. references to 'Monitor' and 'Board of Governors'.

The Council of Governors:

- Received and noted the Appointment of Auditors Report.
- Approved the recommendation to extend the External Audit contract with Deloitte for a further 12 months to cover the 2017/18 financial year.
- Noted that the recommendation would be caveated with Deloitte that appointment to the second 12 month period was subject to review in the context of the progress of the creation of an Accountable Care Trust

37/17 Reports from Governor Committees

Reports from the following Council Committees were considered:

- Governance Committee
- Patient Safety & Quality Standards Committee

Mr L Jenkins briefed the Council on matters considered during a meeting of the Governance Committee held on 18 September 2017. He noted that the agenda had consisted of CEO updates, update on CEO & Non-Executive Director recruitment, Governor Committee arrangements, Holding to Account definition and Governor observation at Board Committee meetings. He noted that the Committee had endorsed a proposal from the Director of Corporate Affairs that Governor observers at Board Committee meetings should document their observations on an appropriate proforma to provide a record of

observations which would periodically be shared with members of the Council of Governors. Mr L Jenkins advised that a copy of the proforma had been included for reference at Annex A to the report.

In response to a question from Dr M Cheshire who queried why the observation proforma did not make reference to Executive Director performance, the Director of Corporate Affairs referred to the statutory duty of Governors to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors. He noted that this duty did not include Executive Director performance. The Council of Governors approved the adoption of the observation proforma.

The Council of Governors noted the report of the Patient Safety & Quality Standards Committee. In response to a question from Mrs L Woodward, the Interim Director of Nursing noted that Governors would be welcome to take part in the twice-weekly patient safety walkabouts and agreed to forward the dates to Governors. **RH**

The Council of Governors:

- Received and noted the reports from Governor Committees and approved the adoption of the Board Committee observation proforma.

38/17 Lead Governor Communication

Mr L Jenkins advised the Council of Governors of his Lead Governor activities since the last meeting which included a meeting with the Chief Executive, attendance at meetings of the Board of Directors, Governor Committees, observation of a meeting of the Audit Committee and participation in a focus group for the Interim Chief Executive interviews. He advised that he had also attended a patient safety walkabout on wards B5 and B6 and a learning session hosted by the Mersey Internal Audit Agency, titled 'Acute Care Cooperation and Role of Governors'. Mr L Jenkins commented that he also looked forward to meeting with the three new Governors. The Chair wished to thank Mr L Jenkins for everything he did in his role as Lead Governor, including his attendance at a considerable number of meetings.

The Council of Governors:

- Received and noted the verbal report.

39/17 Date, time and venue of next meeting.

The next meeting of the Council of Governors would be held on Wednesday, 6 December 2017 in the Lecture Theatres, Pinewood House, commencing at 2.00pm.

Signed: _____ Date: _____

COUNCIL OF GOVERNORS: ACTION TRACKING LOG

Ref.	Meeting	Minute Ref	Subject	Action	Responsible
05/16	8 Dec 16	53/16	Lead Governor Communication	*Cessation of 'Park & Ride' Service between Hazel Grove Park & Ride and Stepping Hill Hospital* - Mr L Jenkins agreed to liaise with Ms S Toal who would take the enquiry forward on behalf of the Trust. **Update 20 Apr 17** – Mr L Jenkins briefed the Council of the latest position and noted that correspondence between the Trust and Stagecoach representatives had not led to a satisfactory outcome. Cllr T McGee offered follow up the issue with Stagecoach. **Update 24 Jul 17** – Cllr T McGee noted that there was new management at Stagecoach and to date he had been unable to receive a satisfactory response. He advised the Council that he would contact Stagecoach again and ask them to reconsider the decision to cease the Park & Ride service to the hospital. **Update 9 Oct 17** – The Director of Support Services advised that as part of a wider engagement with the public regarding car parking at the hospital and surrounding areas, Stagecoach had indicated that no changes were anticipated to the Park & Ride arrangements at least until the Trust had prepared proposals in this area.	L Jenkins / S Toal Cllr T McGee
01/17	24 Jul 17	17/17	External Auditor's Report	In response to a question from Mr L Jenkins, Mr P Thomson advised that information regarding the local indicator had been included in a detailed report which had been considered by the Audit Committee. The Director of Corporate Affairs agreed to circulate a copy of the report to the Council of Governors. **Update 9 Oct 17** – Report circulated. Action complete.	P Buckingham
02/17	24 Jul 17	19/17	Chief Executive's Report	The Chief Executive briefed the Council on forthcoming changes with regard to Business Group arrangements to ensure a more integrated way of working. She advised that further information regarding the changes would be circulated the Council of Governors.	A Barnes

				Update 9 Oct 17 – Information included in the Operational Report. Action complete.	
03/17	9 Oct 17	32/17	CQC Report	The Interim Director of Nursing invited any interested Governors to take part in a mock CQC assessment which would be held on 24 October 2017 and agreed to circulate further information regarding the event to Governors.	R Holt (Interim Director of Nursing)
04/17	9 Oct 17	37/17	Reports from Governor Committees	In response to a question from Mrs L Woodward, the Interim Director of Nursing noted that Governors would be welcome to take part in the twice-weekly patient safety walkabouts and agreed to forward the dates to Governors.	R Holt (Interim Director of Nursing)

Stockport NHS
NHS Foundation Trust

Report to:	Council of Governors	**Date:**	6 December 2017
Subject:	Chair's Report		
Report of:	Chair	**Prepared by:**	Mr P Buckingham

REPORT FOR NOTING

Corporate objective ref:	**Summary of Report** The purpose of this report is to share with Governors the content of the Chair's Report presented to the Board of Directors on 30 November 2017. The Chair will be happy to take questions from Governors on the content of the report at the Council of Governors meeting on 6 December 2017.
Board Assurance Framework ref:	
CQC Registration Standards ref: N/A	
Equality Impact Assessment: ☐ Completed ☐ Not required	

Attachments: Nil

This subject has previously been reported to:	☒ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☐ Quality Assurance Committee ☐ F&P Committee ☐ PP Committee ☐ SD Committee ☐ Charitable Funds Committee ☐ Nominations Committee ☐ Remuneration Committee ☐ Joint Negotiating Council ☐ Other

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1. PURPOSE OF THE REPORT

1.1 The purpose of this report is to advise the Board of Directors of the Chair's recent and planned activities. As previously, the report provides brief information since the previous Board meeting in relation to:

- Notable events
- Matters concerning the development of the Board itself
- My own engagements and visits on behalf of the Trust
- Any significant regulatory developments that as Chair I have been involved in
- A forward look to significant events or possible developments.

2. NOTABLE EVENTS

2.1 Board members should note that this will be the final Board meeting which will be attended by Mrs A Barnes prior to her retirement on 31 December 2017. I am sure that all Board members will join me in wishing Ann well for her retirement and acknowledge the tremendous service she has provided to the NHS generally, and this Trust in particular, throughout her extensive career with the health service.

3. BOARD DEVELOPMENT

3.1 I have undertaken a series of Non-Executive Director appraisals this month. A number of development themes have emerged from the appraisals which will be incorporated in the wider Board Development programme.

3.2 The Remuneration Committee is scheduled to meet on 30 November 2017 to agree the timetable and process for recruitment of a substantive Chief Executive and we anticipate advertisement of the position in early January 2018. In the meantime, the handover of Chief Executive responsibilities from Mrs A Barnes to Mrs H Thomson is progressing well and Mrs A Barnes will retain the responsibilities of Accounting Officer until her retirement date.

4. CHAIR ENGAGEMENTS

4.1 A summary of the Chair's activities is as follows:

19 October 2017	Visit to Emergency Department, Frailty Unit & Crisis Response Team
26 October 2017	'NED to NED' meeting with Stockport CCG
31 October 2017	Met with Mr P Connellan, retiring Chair of Tameside NHS Foundation Trust
1 November 2017	Attended a meeting of the Clinical Directors' Forum
7-8 November 2017	Attended the NHS Providers Annual Conference

14 November 2017	Met with the Chair & Chief Executive of North West Ambulance Service and completed a tour of the NWAS Manchester Operations Centre
15 November 2017	Attended a NHS Providers dinner with Sir Muir Gray to discuss Population Health
16 November 2017	Met with two Non-Executive Directors; Mr J Greenhough, Stockport CCG, and Mr G page, Equity Housing
16 November 2017	Attended an introductory meeting with newly-elected Governors
22 November 2017	Visited the Trust's Pathology Lab

5. REGULATORY DEVELOPMENTS

5.1 The Trust is currently attending monthly Enhanced Oversight meetings with NHS Improvement representatives which focus on the Trust's plans to address the financial position. The most recent meeting was held on 20 November 2017 and was attended by the Deputy Chair, Chief Executive and Director of Finance.

6. FORWARD LOOK

6.1 A number of events to note during December 2017 are as follows:

- Council of Governors Meeting – 6 December 2017
- Volunteers Christmas Lunch – 12 December 2017
- Chief Executive Retirement Event – 20 December 2017

7. RECOMMENDATIONS

7.1 The Board of Directors is recommended to:

- Receive and note the content of the report.

Stockport NHS
NHS Foundation Trust

Report to:	Council of Governors	**Date:**	6 December 2017
Subject:	Chief Executive's Report		
Report of:	Chief Executive	**Prepared by:**	Mr P Buckingham

REPORT FOR NOTING

Corporate objective ref:	**Summary of Report** The purpose of this report is to advise the Council of Governors of national and local strategic and operational developments which include: • Updated Single Oversight Framework • Stakeholder Briefing: Winter Planning • Integrated Performance Report
Board Assurance Framework ref:	
CQC Registration Standards ref: N/A	
Equality Impact Assessment: ☐ Completed ☐ Not required	

Attachments:	Annex A – Updated Single Oversight Framework Annex B – Stakeholder Briefing: Winter Planning Annex C – Integrated Performance Report

This subject has previously been reported to:	☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☐ Quality Assurance Committee ☐ F&P Committee	☐ PP Committee ☐ SD Committee ☐ Charitable Funds Committee ☐ Nominations Committee ☐ Remuneration Committee ☐ Joint Negotiating Council ☐ Other

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1. INTRODUCTION

1.1 The purpose of this report is to advise the Council of Governors of national and local strategic and operational developments.

2. UPDATED SINGLE OVERSIGHT FRAMEWORK

2.1 Following a period of consultation, NHS Improvement published an updated Single Oversight Framework SOF) on 13 November 2017. The changes in the updated version are summarised as follows:

- Changes to improve the structure and presentation of the document
- Introduction of a separate section outlining the five key themes of the SOF including details of what would trigger consideration of a support need
- Changes to some of the metrics used to assess Providers' performance
- Clarity under each theme that other material concerns arising from intelligence gathered by or provided to NHS Improvement could trigger consideration of a support need
- Making explicit that Providers are expected to notify NHS Improvement of significant actual or prospective changes in performance or risk outside routine monitoring.

2.2 No changes have been made to the underlying framework itself i.e. there are no changes to; the five themes, NHS Improvement's approach to monitoring, how support needs are identified or how Providers are segmented. A copy of the updated Single Oversight Framework is included for reference at Annex A of this report.

3. STAKEHOLDER BRIEFING: WINTER PLANNING

3.1 Attached for information at Annex B is Stakeholder Briefing on winter planning which was circulated to Strategic Partnership Board members by Lord Peter Smith on Monday, 27 November 2017. The briefing summarises the actions being taken to ease the pressure on services across Greater Manchester this winter. The actions include:

- A new urgent and emergency care hub
- Urgent care treatment centres (also known as streaming)
- GP Access hubs
- Safe and timely discharges
- Workforce
- Communications campaign

3.2 Governors should note the Public 'call to action' section of the briefing and the message that people should use their GP practice as their first port of call when they require urgent medical care. Advice on measures that people can do to keep themselves and their family well at home, and avoid the need for medical support, is available on the Stay Well this Winter website which can be accessed via a link in the briefing paper. It is requested that Governors take the opportunity to pass on this advice when engaging with members and the public.

4. INTEGRATED PERFORMANCE REPORT

4.1 A copy of the Integrated Performance Report considered by the Board of Directors on 30 November 2017 is included for reference at Annex C of the report. Board members will be available at the meeting on 6 December 2017 to respond to Governor questions on current performance and preparedness to meet expected challenges over the winter period.

5. RECOMMENDATIONS

5.1 The Council of Governors is recommended to:

- Receive and note the content of the report.

NHS Improvement

Single Oversight Framework

Updated November 2017

collaboration trust respect innovation courage

We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

Contents

1. Introduction

This document sets out NHS Improvement's approach to overseeing and supporting NHS trusts and NHS foundation trusts under the Single Oversight Framework (SOF). It explains what the SOF is, how it is applied and how it relates to NHS Improvement's duties and strategic priorities.

The document will help providers to understand how NHS Improvement is monitoring their performance; how we identify any support they may need to improve standards and outcomes; and how we co-ordinate agreed support packages where relevant. It summarises the data and metrics we regularly collect and review for all providers, and the specific factors that will trigger more detailed investigation into a trust's performance and support needs.

The document will also be used by NHS Improvement's regional teams to guide their monitoring and assessment of providers and their decisions about the level and nature of support needs a provider may have.

The first version of the SOF was published in September 2016. This version has been updated to improve the structure and presentation of the document, and to clarify certain processes and definitions. These changes are based on feedback and lessons learned from the first year of operating the SOF.

We have also made a small number of changes to the information and metrics we use to assess providers' performance under each theme, and the indicators that trigger consideration of a potential support need. These updates reflect changes in national policy and standards, other regulatory frameworks and the quality of performance data, to ensure that our oversight activities are consistent and aligned. The main changes we have made in this way are set out in Table 1.

Table 1: Summary of changes to indicators and triggers monitored under each theme

Changes	Rationale
Quality of care	
+ Added *Escherichia coli* (*E. coli)* bacteraemia bloodstream infection (BSI) rates to quality indicators	New national commitment to reduce healthcare associated Gram-negative bloodstream infections by 50% by 2021
+ Added Meticillin-sensitive *Staphylococcus aureus* (MSSA) rates to quality indicators	Existing national priority to reduce rates, which are currently rising
- Removed Aggressive cost reduction plans metric from list of quality indicators	No specific metric available to track this.
- Removed Hospital standardised mortality ratio – weekend (Doctor Foster Intelligence) from list of quality indicators for acute providers	Indicator not yet sufficiently developed to inform identification of support needs
- Removed Emergency readmission rates from list of quality indicators for acute providers	No validated national metric available
Finance and use of resources	
+ Added Reference to new Use of Resources (UoR) framework, with explanation of how UoR assessments will be used under the SOF	To ensure consistency across oversight frameworks
Operational performance	
+ Added Dementia assessment and referral standards for acute providers	To maintain focus on existing national priority
+ Added Reduction of inappropriate adult mental health out-of-area placements as standard for mental health providers	New national priority to eliminate inappropriate out-of-area placements by 2021

Changes	Rationale
- Removed Patients requiring acute care who received a gatekeeping assessment as standard for mental health providers	No longer considered a useful indicator of performance. New metric being developed
~ Amended *Data Quality Maturity Index (DQMI)* - Mental Health Services Data Set (MHSDS) Data score replaces previous standards for submitting 'priority' and 'identifier' metrics to MHSDS	Original measure of complete and valid metrics in the monthly Mental Health Services Data Set submissions not supported by NHS Digital.
~ Amended Where relevant, we will use performance against the national standard rather than Sustainability and Transformation Fund (STF) trajectories as the trigger of potential support needs in relation to operational performance standards	Consideration of support needs should be based on absolute performance. Progress against trajectories can be taken into account when confirming whether there is an actual support needs, and what form the support should take.
~ Amended Ambulance response time standards	Updated to reflect the new standards, indicators and measures that have been introduced for ambulance providers through the Ambulance Response Programme
Strategic change	
+ Added We will review the assessment of system-wide leadership in relevant sustainability and transformation partnership (STP) ratings when considering providers' performance under this theme.	To reflect developments in national policy regarding STPs
Leadership and improvement capability	
+ Added Reference to NHS Improvement and CQC's new, fully joint well-led framework and guidance on developmental reviews	To ensure consistency across oversight frameworks

2. NHS Improvement

NHS Improvement is responsible for overseeing NHS foundation trusts, NHS trusts and independent healthcare providers. We support these providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

Our 2020 strategic objectives[1] set out our overarching aims for the trust sector across **five themes**:

Theme	Aim
Quality of care (safe, effective, caring, responsive)	To continuously improve care quality, helping to create the safest, highest quality health and care service
Finance and use of resources	For the provider sector to balance its finances and improve its productivity
Operational performance	To maintain and improve performance against core standards
Strategic change	To ensure every area has a clinically, operationally and financially sustainable pattern of care
Leadership and improvement capability (well-led)	To build provider leadership and improvement capability to deliver sustainable services

By focusing on these five themes, in 2017/18 we aim to:

- help more providers achieve CQC 'good' or 'outstanding' ratings
- reduce the number of providers in special measures for quality
- help the sector achieve aggregate financial balance
- improve provider productivity
- help providers meet NHS Constitution standards, with a particular focus on the aggregate accident and emergency (A&E) standard.

[1] Available at https://improvement.nhs.uk/uploads/documents/NHSI_2020_Objectives_13july.pdf

3. The Single Oversight Framework

The Single Oversight Framework:

- provides one framework for overseeing NHS trusts and NHS foundation trusts
- sets out how we will identify potential support needs, under five themes, as they emerge
- allows us to tailor our support packages to the specific needs of providers in the context of their local health systems, drawing on expertise from across the sector and from other agencies and partner organisations, as well as within NHS Improvement
- is based on the principle of earned autonomy.

The purpose of the Single Oversight Framework is to:

- help NHS Improvement identify where providers[2] may benefit from, or require, improvement support if they are to meet the standards required of them in a safe and sustainable way, and the overall objectives for the sector are to be met
- determine the way we work with each provider to ensure appropriate support is made available.

[2] For the rest of this document and for the purposes of the SOF, we use the term 'provider' to mean NHS trusts and NHS foundation trusts. This framework does not apply to independent sector providers. The *Risk assessment framework for independent sector providers of NHS services* (available at www.gov.uk/government/publications/risk-assessment-framework-independent-sector-providers-of-nhs-services) covers our statutory duty to assess financial risk at those organisations where they provide commissioner-requested services (CRS).

The SOF sets out an oversight process which follows an ongoing cycle of:

- monitoring providers' performance and capability under our five themes
- identifying the scale and nature of providers' support needs
- co-ordinating support activity so that it is targeted where it is most needed.

This cycle is summarised in Figure 1 (see page 10).

The SOF does not:

- give a performance assessment or rating of individual providers in its own right, nor is it intended to predict the ratings given by the Care Quality Commission (CQC)
- set out in detail the improvement support we will offer to providers, as this will be tailored to individual provider needs.

Relationship between the Single Oversight Framework and the statutory obligations of Monitor and the NHS Trust Development Authority

NHS Improvement is the operational name for an organisation that brings together Monitor and the NHS Trust Development Authority (NHS TDA), plus other bodies and teams, with a focus on supporting providers and local health systems to help them improve. NHS Improvement is responsible for overseeing NHS foundation trusts and trusts, as well as independent providers and NHS controlled providers that deliver NHS-funded care.

The SOF replaced Monitor's Risk Assessment Framework and NHS TDA's Accountability Framework in September 2016. It applies equally to both NHS trusts and foundation trusts. As far as possible, we have combined and built on the previous approaches of Monitor and TDA, adapting them to reflect and enable our primary improvement role. All other related policies and statements, unless indicated, remain and should be read in the light of this document.

The SOF works within Monitor's continuing statutory duties and powers with respect to NHS foundation trusts and NHS TDA's with respect to NHS trusts (NHS TDA exercises functions via directions from the Secretary of State).

NHS Improvement must ensure the continuing operation of a licensing regime. The NHS provider licence[3] forms the legal basis for Monitor's oversight of NHS foundation trusts. While NHS trusts are exempt from the requirement to apply for and hold the licence, directions from the Secretary of State require NHS TDA to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate. This includes giving directions to an NHS trust where necessary to ensure compliance.

We aim to treat all providers in comparable circumstances similarly unless there is sound reason not to. We will therefore base our oversight, using the Single Oversight Framework, of all NHS trusts and NHS foundation trusts on the conditions of the NHS provider licence.[4]

[3] www.gov.uk/government/publications/the-nhs-provider-licence

[4] This is mostly likely to entail holding trusts to account against the standards in condition FT4 – the governance condition, but other conditions such as those relating to continuity of services and integrated care could be engaged too. Our scope extends to the entire NHS provider licence. For completeness it should be noted that NHS Improvement has functions and powers in addition to those stemming from the Monitor provider licence in relation to both NHS trusts (through directions from the Secretary of State) and NHS foundation trusts (through statute). The Single Oversight Framework does not cover these additional matters.

Updating the SOF

We intend to align future updates of the SOF with the national planning cycle. The next scheduled refresh will therefore be for 2019/20, and will reflect any changes in planning assumptions introduced for the next funding and contracting period.

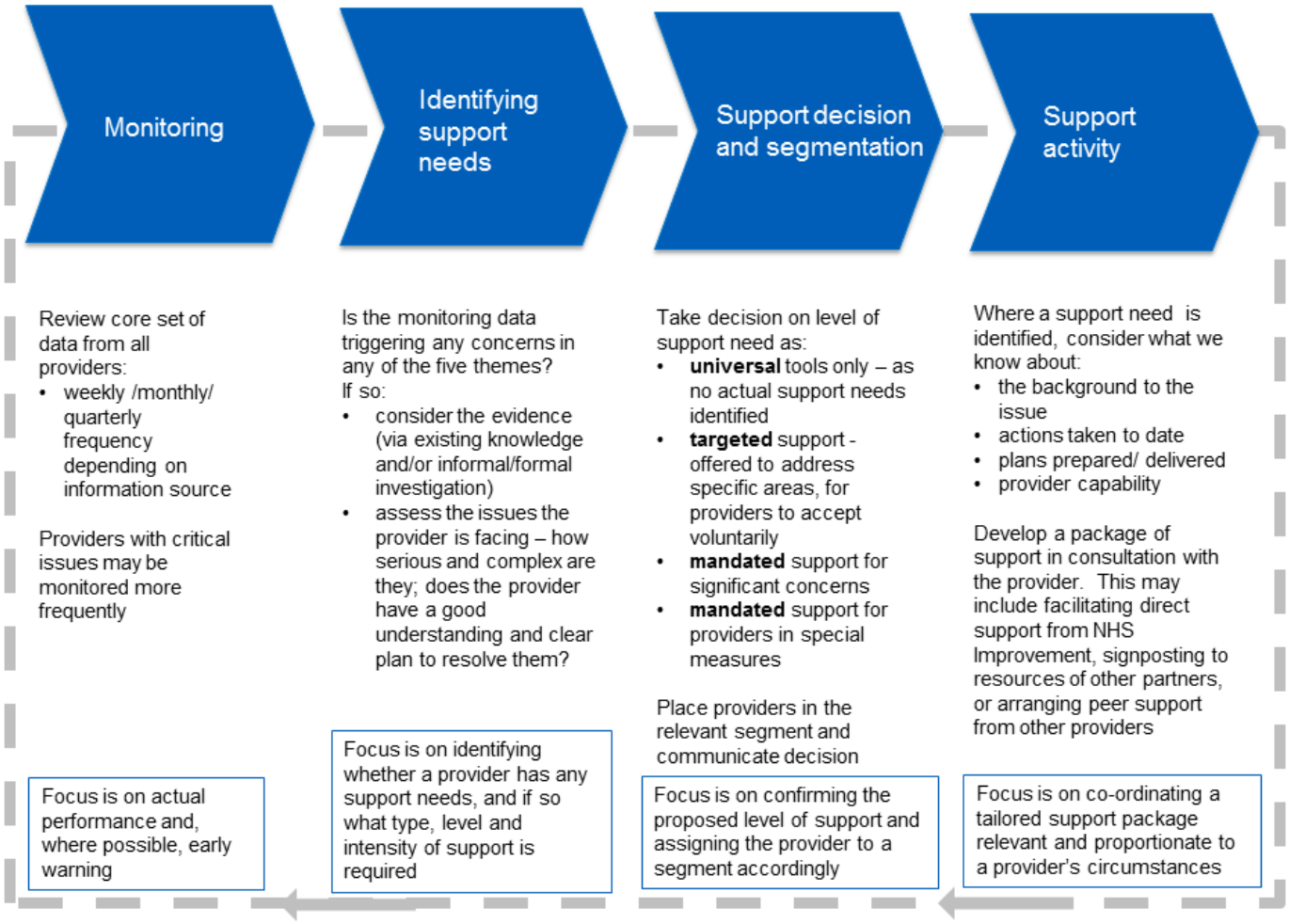
However, we will be flexible in how we carry out our role and implement the SOF. For example, we may need to respond quickly and proactively to unexpected issues in individual providers or sets of providers, to national policy changes, the introduction of new service planning or delivery models or new sector pressures. We may, therefore, adjust the approach set out in this document from time to time, for example:

- add/remove some metrics from our oversight of providers, or change the way we aggregate data
- change the frequency of our data collection
- act sooner than the general threshold set in the framework.

Alignment with national partners

We recognise that the challenges facing the health and care system require a joined-up approach and increased partnership between national bodies. We are committed to working more closely with the Care Quality Commission (CQC), NHS England and other partners at national, regional and local levels to ensure our activities are aligned in the ways outlined below.

Figure 1: NHS Improvement's oversight cycle



Care Quality Commission

CQC sets out what good and outstanding care looks like, as well as identifying where services are inadequate or require improvement. CQC asks five key questions of all care services: are they safe, are they effective, are they caring, are they responsive to people's needs and are they well-led? While our five themes are linked to CQC's key questions, they are not identical. This is because we have a particular role in supporting improvement in performance against the NHS Constitution standards for patients; and because our approach to improvement incorporates the strategic changes within local health systems that will be needed to assure the delivery of high quality services by providers in the longer term.

We work together in the effective discharge of our respective functions, seeking to remove duplication between our organisations and minimise the requirements

placed on trusts. We continue to share data and information on the results of our inspections and oversight, and develop common datasets where possible, and have recently created a new joint appointment of chief digital officer to ensure data consistency across the two organisations.

We are increasingly aligning our operational working, from the way we work together in engaging with individual providers to wider healthcare system oversight. We have worked closely with CQC to develop new well-led and Use of Resources frameworks, and continue to do so as we consider a new combined rating of quality and Use of Resources for acute trusts, to help demonstrate that quality should and can be maintained and improved alongside financial sustainability.

NHS England

As sustainability and transformation partnerships (STPs) take a greater role in planning and leading service development in their regions, it is increasingly important that oversight and support for individual providers take account of wider system objectives and priorities. This is already reflected in the 'strategic change' theme of the SOF, under which providers' engagement with local partners and contribution to addressing system-wide challenges is considered. We are working closely with NHS England to ensure that our oversight of providers is consistent and closely aligned with its oversight of commissioners. We are also working with NHS England to ensure that as providers and commissioners come together in accountable care systems our collective oversight, potentially within a single framework, reflects the one-system working that those organisations aspire to.

The rest of this document outlines our approach to monitoring providers and gathering insights (Section 4) and identifying support needs and segmenting providers (Section 5). We then set out more detail on how we identify and address support needs under each of the five themes in Section 6. Details of the metrics used to monitor and assess performance under each theme are included in the separate appendices.[5]

[5] https://improvement.nhs.uk/resources/single-oversight-framework/

4. Monitoring performance

As part of our oversight of providers, NHS Improvement will monitor and gather insights about providers' performance across the five themes of quality; finance and use of resources; operational performance; strategic change; and leadership and improvement capability.

The information collected and reviewed under the SOF will include annual plans and reports, regular financial and operational information and other exceptional or significant data, including relevant third-party material. We will increasingly adopt a 'measurement for improvement' approach in our monitoring of providers, ensuring data is used not just to make judgements, but to help identify how services and outcomes can be improved.

Depending on the type of information, the collection and review of data may be:

- **in-year**: using monthly, quarterly or lower frequency collections as appropriate; in extreme circumstances (eg where a provider is displaying critical problems, such as in weekly A&E performance) we will consider more frequent information
- **annual:** using annual provider submissions (eg annual plans, annual statements on quality) or other annually published data (eg staff surveys)
- **by exception:** NHS Improvement aims to be as agile as possible in responding to issues identified at providers; where material events occur, or we receive information that triggers our concern outside the regular monitoring cycle, we will take these into account when considering whether there are potential support needs at the provider.

Examples of the type of information considered and the frequency of data collection under the SOF are provided in Figure 2 (see page 14).

The full list of metrics we will use for monitoring providers is set out in appendices 1 to 4. We may revise this list – introducing new metrics, varying the collection frequency or refining data aggregation – as necessary and appropriate.

We seek to ensure that the data collection burden is proportionate. Rather than require providers to make bespoke data submissions, wherever possible we will

use nationally collected and evaluated datasets, in particular for operational performance. We also provide the data collected and used in the SOF transparently to providers through the Model Hospital[6] to aid local analysis and understanding of the underlying data. We are working with the Department of Health, NHS England, CQC and NHS Digital to rationalise the reporting requirements on providers and use a shared dataset across the oversight bodies, which will result in a clear reduction in burdens over time.

Providers are expected to notify NHS Improvement of actual or prospective changes in performance or risks that fall outside the routine SOF monitoring, where these are material to the provider's ability to deliver safe and sustainable services. Such exception reports might include (but are not limited to):

- unplanned significant reductions in income or significant increases in costs
- failure to comply with any formal reporting requirements
- discussions with external auditors that may lead to a qualified audit report
- enforcement notices from other bodies implying potential or actual significant breach of any other requirement for foundation trust authorisation or equivalent, eg:
  - health and safety executive or fire authority notices
  - material issues affecting a provider's reputation
  - adverse reports from overview and scrutiny committees
- transactions that meet the threshold set out in the transactions guidance[7]
- consideration of novel or contentious contracts or risk-sharing arrangements (eg alliance contracts; risk and gain share agreements, etc) with significant implications for a provider's risk profile.

[6] Users from NHS providers and arm's length bodies can register at https://model.nhs.uk
[7] https://improvement.nhs.uk/resources/supporting-nhs-providers-considering-transactions-and-mergers/

Figure 2: Summary of information requirements for monitoring

	In-year	Annual/ less frequently	By exception[1]
Quality of care	In-year quality information to identify any areas for improvement (see Appendix 1)	Annual quality information	Results of CQC inspections CQC warning notices, fines, civil or criminal actions and information on other relevant matters
Finance and use of resources	Monthly returns	Annual operational plans Information relating to Use of Resources (UoR) assessments	One-off financial events (eg sudden drops in income/ increases in costs) Transactions/mergers
Operational performance	Quarterly/monthly/weekly operational performance information (see Appendix 3)		Any sudden and unforeseen factors driving a significant failure to deliver
Strategic change	Delivery of sustainability and transformation plans Progress of any new care models, devolution plans	Sustainability and transformation plans	Any sudden and unforeseen factors driving a significant failure to deliver
Leadership and improvement capability	Third-party information with governance implications[2] Organisational health indicators - staff absenteeism - staff churn - board vacancies	Staff and patient surveys Third-party information with governance implications[2]	Findings of well-led reviews and developmental well-led reviews Third-party information with governance implications[2]

[1]Providers are also expected to notify NHS Improvement of any other material changes in performance or risks that fall outside routine monitoring

[2]eg reports from quality surveillance groups (QSGs), General Medical council, ombudsman, CCGs, Healthwatch England, NHS Digital, auditors, Health and Safety Executive, patient groups, complaints, whistleblowers, medical Royal Colleges

5. Identifying support needs and segmenting the sector

We use the information we collect on provider performance to identify where providers may need support across our five themes.

Under each theme, a defined set of indicators will trigger consideration of a support need. The information used to assess providers under each theme, and the related triggers, are summarised in Section 6.

5.1 Identifying support needs

Where providers are triggering a concern and a potential support need is identified, we will consider the circumstances to understand why the trigger has arisen and whether any actual support need exists. We will use our judgement to assess the seriousness, scale and complexity of the issues a provider is facing, based on information we collect under the SOF, existing relationship knowledge, information from system partners (eg CQC, NHS England, clinical commissioning groups) and evidence from formal or informal investigations.

Practically, we will consider:

- the **extent** to which the provider is triggering a concern in the SOF under one, or more, of the five themes
- **which** of the triggers across the five themes the provider is hitting
- any **associated circumstances** the provider is facing
- the degree to which the provider **understands what is driving the issue**
- the provider's **capability** and the **credibility of plans it has developed** to address the issue
- the extent to which the provider **is delivering against a recovery trajectory**
- whether a provider is in **breach or suspected breach of licence conditions**.

Based on this assessment, we will identify whether a provider has a support need, and if so what **level** of support is required. This might be:

- **universal support:** tools that providers can draw on if they wish to improve specific aspects of performance; their use is voluntary
- **targeted support**: support to help providers with specific areas: eg intensive support teams to help in emergency care or agency spend; programmes of targeted support will be agreed with providers and its use is voluntary
- **mandated support:** where a provider has complex issues, we may implement a mandated series of improvement actions: eg appoint an improvement director, or agree a recovery trajectory and support providers to deliver this. In these serious cases, providers are required to comply with NHS Improvement's actions/expectations. When a trust goes into special measures a mandated support package will be designed to address the issues that directly led to this decision, but also other challenges it is facing. For example, when NHS Improvement receives a recommendation from the CQC Chief Inspector to place a trust in special measures for quality reasons, we will consider the evidence CQC provides us alongside other relevant evidence including trust finances and operational performance. A trust may therefore be subject to mandated support relating to its finances when it has gone into special measures for quality reasons, and vice versa.

Where mandated support is required for a NHS foundation trust we may use the powers we have under the Health and Social Care Act 2012.[8] For NHS trusts we will adopt a similar approach using powers under the National Health Service Act 2006. In particular, we may seek to agree enforcement undertakings with the provider.

[8] See sections 105, 106 and 111 of the Health and Social Care Act 2012.

5.2 Segmentation

Having assessed a provider's support needs, we will allocate them to a support 'segment'. The segment in which a provider is placed is determined by the **level** of support we have decided is appropriate (universal, targeted or mandated). A segmentation decision is not a performance rating, and it does not determine the specifics of the support package in each case.

The relationship between a provider's identified support needs, the type of support made available and segmentation is summarised in Table 2 (see page 18).

Segmentation enables NHS Improvement to take an overview of the level and nature of support required across the provider sector, and to target its support capacity as effectively as possible.

The process of identifying changes in a provider's support needs, and making subsequent segmentation decisions, needs to be as timely and rigorous as possible without becoming over-bureaucratic or complex. It is not a one-off or annual process. We will monitor and engage with providers on an ongoing basis and, where our in-year, annual or exceptional monitoring flags a potential support need we will review the provider's situation. We will consider whether the level of interaction needs to change to monitor the issue and the provider's response to it, and whether we need to change its allocated segment.

We will generally review a provider's support needs and segmentation monthly. For providers in segment 1, although some data will be collected monthly and reviewed as for providers in other segments, we will – in line with the principle of earned autonomy – review the segmentation of the provider only on a quarterly basis, unless there is information giving cause for concern.

Table 2: Support needs and segment descriptions

Description of support needs	Level of support offered	Segment
No actual support needs identified across our five themes. Maximum autonomy and lowest level of oversight appropriate. Expectation that provider will support providers in other segments.	**Universal**	**1 (Maximum autonomy)**
Support needed in one or more of the five themes, but not in breach of licence (or equivalent for NHS trusts) and/or NHS Improvement considers formal action is not needed.	**Universal** **+ Targeted** support as agreed with the provider to address issues identified and help move the provider to Segment 1	**2 (Targeted support)**
The provider has significant support needs and is in actual or suspected breach of the licence (or equivalent for NHS trusts), but is not in special measures.	**Universal** **Targeted** **+ Mandated** support as determined by NHS Improvement to address specific issues and help move the provider to segment 2 or 1	**3 Mandated support)**
The provider is in actual or suspected breach of its licence (or equivalent for NHS trusts) with very serious/complex issues that mean it is in special measures.	**Universal** **Targeted** **+ Mandated** support as determined by NHS Improvement to minimise the time the provider is in special measures	**4 (Special measures)**

5.3 Co-ordinating support activity

Based on their identified support needs and segmentation, NHS Improvement teams will work with providers to determine and co-ordinate an appropriate, tailored support package for each support need identified.

We may identify support needs in more than one theme where there is a shared underlying cause. In these cases, we will not double-count identified support needs and will ensure the support activity is appropriate to the underlying cause.

Depending on the need, the support offered may include directly provided support from NHS Improvement, resources available through other organisations and, increasingly, support facilitated by other parts of the sector.

The support package will be developed by NHS Improvement, facilitating access to relevant support available from within the organisation and from other providers, as well as signposting external resources.

The process of identifying and responding to providers' support needs is an ongoing cycle. The identification of new or different support needs may be triggered by insight derived from NHS Improvement's support activities.

The support available directly from NHS Improvement includes:

- focused service improvement initiatives, such as the maternal and neonatal health safety collaborative[9]
- practical help for providers and health systems to address key improvement priorities, such as the Emergency Care Improvement Programme[10]
- leadership development, coaching and mentoring
- resources to help trusts develop their capability to improve and apply evidence-based improvement methodologies
- dedicated support and development for providers in, or at risk of being in, special measures, including senior leadership capacity and buddying
- resources to help providers improve quality, efficiency and productivity by implementing the recommendations from the Carter review, including the Model Hospital[11] and Getting It Right First Time[12]
- financial recovery support.

Further information about the support available from NHS Improvement is available on our Improvement Hub.[13]

[9] https://improvement.nhs.uk/resources/maternal-and-neonatal-safety-collaborative/
[10] https://improvement.nhs.uk/improvement-offers/ecip/
[11] Users from NHS providers and Arm's Length Bodies can register at https://model.nhs.uk
[12] http://gettingitrightfirsttime.co.uk/
[13] https://improvement.nhs.uk/improvement-hub/

6. The five themes

In this chapter we outline the five themes under which we monitor providers' performance and consider their support needs. We explain what NHS Improvement takes into account in each theme and the metrics we use to track performance across all providers. We also summarise the specific indicators that trigger a more detailed investigation of a provider's situation and its potential support needs.

6.1 Quality of care

Under this theme we assess whether a provider's care is safe, effective, caring and responsive. This will include overseeing delivery of seven-day hospital services across providers to identify where organisations need support in this.

To assess the quality of care theme we will use:

- CQC's most recent ratings
- other relevant information held by CQC such as warning notices, any civil or criminal actions or changes to registration conditions; this is to ensure we use the most up-to-date CQC views of quality and also that we incorporate its views on quality at providers yet to be inspected
- data showing providers' delivery against their agreed commitments regarding the four priority standards for seven-day hospital services; we may, in time, extend this to monitoring other seven-day services standards and metrics where appropriate
- extra in-year quality-related metrics to identify emerging issues and/or scope for improvement at providers (see Appendix 1)
- other evidence indicating that quality of care may be at risk – for example, the introduction of aggressive cost-reduction plans.

Triggers of potential support need regarding quality of care:

- CQC rating of 'inadequate' or 'requires improvement' in overall rating, or against any of the safe, effective, caring or responsive key questions
- CQC warning notices
- any other material concerns identified through, or relevant to, CQC's monitoring process: such as civil or criminal cases raised, or whistleblower information
- concerns arising from trends in our quality indicators (Appendix 1)
- failure to deliver against agreed commitments regarding the four priority standards for seven-day hospital services
- any other material concerns about a provider's quality of care arising from intelligence gathered by or provided to NHS Improvement

6.2 Finance and use of resources

Under this theme we will oversee and support providers in improving financial sustainability, efficiency and value for money. We will consider a provider's compliance with current sector controls such as agency staffing, capital expenditure and financial control total, in line with the approach taken in *Strengthening financial performance and accountability*.[14] We will also consider how efficiently a provider uses its resources more broadly, and how financially sustainable it is over the longer term.

In identifying providers' support needs under this theme we will take into account:

- a monthly finance score
- a use of resources assessment (where available)
- other relevant information on financial performance, operational productivity and whether a provider is making optimal use of its resources.

[14] Published in July 2016 and available at https://improvement.nhs.uk/uploads/documents/Strengthening_financial_performance_and_accountability_in_2016-17_-_Final_2.pdf

Finance score

The monthly finance score is calculated by scoring providers on a scale of 1 (best) to 4 against the following five metrics, and averaging these scores to derive an overall figure:

- capital service capacity
- liquidity
- income and expenditure margin
- distance from financial plan
- agency spend.

A provider's overall figure may be moderated down if it scores 4 on any individual finance metric, has not agreed a control total or is in special measures for financial reasons. Details of the finance score calculations and weighting are set out in Appendix 2.

Use of Resources assessments

From autumn 2017, a new use of resources (UoR) assessment[15] has been introduced. Under this framework, NHS Improvement will periodically undertake UoR assessments of providers. These new assessments will begin with non-specialist acute trusts, due to the greater availability and quality of operational productivity data for these trusts, with the aim of rolling out across the sector when more information is available on productivity in other types of providers. The framework has been developed with CQC, which will publish providers' UoR reports and ratings.

The aim of UoR assessments is to understand how effectively trusts are using their resources to provide high quality, efficient and sustainable care for patients. NHS Improvement will do this by assessing how well trusts are meeting financial controls, how financially sustainable they are, and how efficiently they use their workforce, clinical and operational services to deliver high quality care for patients.

The assessments will focus on delivery and performance at trust level currently and over the previous 12 months through the lens of five key lines of enquiry:

[15] https://improvement.nhs.uk/resources/use-resources-assessment-framework

- Clinical services
- People
- Clinical support services
- Corporate services, procurement, estates and facilities
- Finance.

NHS Improvement will draw on a wide range of evidence that will include:

- a set of initial UoR metrics, which includes the finance metrics from the SOF and productivity metrics available through the Model Hospital[16]
- additional data or information collected by NHS Improvement and shared by the trust
- local intelligence from our day-to-day interactions with the trust
- evidence gathered on a structured onsite assessment.

Following an assessment, NHS Improvement will draft a brief report based on a holistic review of all the evidence gathered, and reach a proposed rating (outstanding; good; requires improvement; inadequate) using the ratings characteristics and limiters outlined in the assessment framework. Following a process of quality assurance, this rating and report will be published by CQC, initially alongside its existing quality ratings.[17]

How Use of Resources assessments will be reflected in the SOF

The findings from the Use of Resources assessment will inform NHS Improvement's considerations of improvement support needs under the SOF.

Until a provider has undergone a UoR assessment, NHS Improvement will use the finance score, alongside other evidence of whether a provider is making optimal use of its resources, to identify potential support needs under this theme.

Once a provider has undergone a UoR assessment and been given a proposed rating, we will use the draft UoR report and proposed rating, alongside the finance score, to inform our consideration of the provider's support needs at that point in time.

[16] Users from NHS providers and arm's length bodies can register at https://model.nhs.uk
[17] We expect combined CQC ratings of Use of Resources and quality to be introduced in 2018, and will jointly consult on this before implementation. We will update the SOF when the new approach is introduced.

Between UoR assessments NHS Improvement will continue to monitor a trust's finances and operational productivity – and associated support needs – using the finance score and productivity metrics, alongside other relevant evidence. We will consider changes in the monthly finance score and other indicators of financial performance and operational productivity in the context of the last UoR assessment when considering support needs.

Triggers of potential support need regarding finance and the use of resources:

- poor levels of overall financial performance, such as a monthly finance score of 4 or 3
- a Use of Resources rating of 'inadequate' or 'requires improvement'
- any other material concerns about a provider's finances or use of resources arising from intelligence gathered by or provided to NHS Improvement

6.3 Operational performance

Under this theme we will track providers' performance against a number of NHS standards, including those in the NHS Constitution as well as A&E waiting times, referral to treatment times, cancer treatment times, mental health treatment times and ambulance response times.

Appendix 3 lists the metrics we will use and how frequently they are collected across acute, mental health, ambulance and community providers.

Triggers of potential support need regarding operational performance:

- failure to meet any operational performance standard for at least two consecutive months
- other factors (eg a significant deterioration in a single month or multiple potential support needs across standards and/or other themes) indicate we need to get involved before two months have elapsed
- any other material concerns about a providers' operational performance arising from intelligence gathered by or provided to NHS Improvement

Where it is identified that a provider has a support need under this theme, one of the issues we will work with providers to understand and address is the efficiency of patient flow through the organisation, in particular local progress in minimising delayed transfers of care (DToC).

6.4 Strategic change

As described in the *Five Year Forward View*, better outcomes for patients will be delivered by sustainable organisations operating as part of successful health economies. Under this theme, we will consider the extent to which providers are working with partners to address local challenges and to improve services for patients in this context.

Working with our own system partners, we will consider providers' contribution to developing, agreeing and delivering the objectives of sustainability and transformation partnerships (STPs). This might include the implementation of new care models, the establishment of accountable care organisations and accountable care systems, and the enactment of devolution agreements.

We will take into account the nature of providers' relationships with local partners, their role in any agreed service transformation plans, and how far these plans have been implemented. We will consider this in the context of the new STP ratings, and their assessment of system-wide leadership. These ratings will be one part of the broad intelligence used by NHS Improvement to understand a provider's

circumstances and to inform our judgement of a provider's performance under this theme.

We have produced draft guidance on how we expect well-led providers to work with partners and collaborate locally to improve the quality and sustainability of services for patients.[18] In this guidance we set out the expectation that providers should:

- engage in local decision-making and build a shared understanding of local challenges and patient needs
- work collaboratively with other local health and care organisations to design and agree solutions
- implement improvements, taking responsibility for their share of local plans to improve the quality and sustainability of care and ensuring their own organisational plans are aligned to these local priorities.

Triggers of potential support need regarding strategic change:

- material concerns about a provider's delivery against the local transformation agenda, including (where relevant) new care models and devolution

6.5 Leadership and improvement capability (well-led)

Under this theme we will assess whether providers have effective boards and governance, demonstrate continuous improvement capability and make effective use of data. We monitor leadership, governance and improvement capability as part of the SOF because there is good evidence that strong leadership and good governance are indicators of organisational success.

[18] Available at www.improvement.nhs.uk/uploads/documents/Guidance_on_good_governance_in_a_LHE_context_final.pdf

In June 2017 we published guidance for providers[19] on our updated framework for leadership and governance developmental reviews. The guidance sets out how providers should carry out developmental reviews of their leadership and governance using the framework as part of their own continuous improvement. These developmental well-led reviews should be carried out by providers every three to five years.

The structure of our framework is wholly shared with CQC, and underpins CQC's regular regulatory assessments of the well-led question. Building on this joint work to develop a shared system view of what good governance and leadership look like, we will continue to work closely with CQC to refine our approach to identifying providers' support needs under this theme.

Effective boards and governance: We will use several information sources to assess provider leadership, including:

- CQC well-led inspections and the outcomes of developmental well-led reviews where these generate material concerns
- information from third parties – eg Healthwatch, MPs, whistleblowers, coroners' reports
- staff/patient surveys
- level of senior executive turnover
- organisational health indicators (see Appendix 4)
- delivering Workforce Race Equality Standards.

Continuous improvement capability: We will consider assessments of learning, improvement and innovation within the well-led reviews undertaken by CQC or in developmental reviews using the well-led framework.

Use of data: Effective use of information is an important element of good governance. Well-led providers should collect, use and, where required, submit robust data. The well-led framework recommends that providers should adopt a measurement-for-improvement approach, using data to identify how improvements can be implemented and sustained, not just to understand current performance. Where we have reason to believe this is not the case, we will consider the degree to which providers need support in this area.

[19] https://improvement.nhs.uk/uploads/documents/Well-led_guidance_June_2017.pdf

Triggers of potential support need regarding leadership and improvement capability:

- CQC ‘inadequate’ or ‘requires improvement’ assessment against ‘well-led’
- Concerns arising from trends in our organisational health indicators (Appendix 4)
- Other material concerns about a provider’s governance, leadership and improvement capability, arising from third-party reports, developmental well-led reviews or other relevant sources

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Briefing note: Winter Planning

Year by year the pressure on the emergency services, GP practices and social care services increases. For example, the number of emergency hospital admissions in Greater Manchester during the 2016/17 winter period was 115,069, an increase of 1149 from 2015/16.

This year, Greater Manchester Health & Social Care partnership, NHS Improvement, local hospital Trusts, GPs and other health and social care services have come together to tackle the increased pressure that our public services experience in winter.

The actions they have come up with will aim to:

- Avoid people with minor illnesses turning up at hospital
- Avoid long waiting times in A&E
- Improve staffing levels
- Reduce the number of people that need to be admitted to hospital
- Reduce the number of people who are delayed getting home from hospital
- Reduce the number of people catching flu

Greater Manchester wide and locality-level urgent and emergency care delivery boards have been set up to meet monthly to monitor progress and provide oversight of the plans. The emergency care delivery board is chaired by Jon Rouse and members include the chairs of the locality emergency care groups, medical directors and chief officers.

Actions

The following are being put in place to help ease the pressure on services this winter:

- **New urgent and emergency care hub**
- **Urgent care treatment centres (also known as streaming)**
- **GP Access hubs**
- **Safe and timely discharges**
- **Workforce**
- **Communications campaign**

Urgent and emergency care hub

This year, a brand new urgent and emergency care hub has been set up to monitor activity across all the hospitals in Greater Manchester. The hub will enable teams to predict and respond to any pressures building up in A&E departments and will be able to provide early warning to health partners. The staff in the hub can see:

- 999 attendances
- GP referrals
- Number of patients sat in A&E
- Time taken to triage and treat

- Number of people waiting for beds
- Number of people waiting over 4 hours
- Staffing levels
- Number of people being redirected to primary
- Weather reports and predictions.

In addition to this CCGs will be reporting on the availability of intermediate care beds*, mental health service capacity and other primary care activity.

The GM urgent and emergency care hub was 'soft-launched' on 1st November 2017 and is co-located within the current North West Ambulance Service based on Princess Parkway.

The hub will operate 24/7, 365 days a year and will perform the role of a Greater Manchester control room for high activity periods like winter. It will be fully operational from 1st December.

As well as predicting pressures, the hub will work with health and social care partners to identify and agree actions. When the situation begins to deteriorate the hub will be able to share information quickly with Trusts and CCGs to enable them to take quick action.

Urgent care treatment centres

GPs and A&E staff will be able to refer patients to local urgent care treatment centres for same day, urgent appointments to help with managing their daily pressures.

The urgent care treatment centres will be run by primary care clinicians (i.e. GPs, nurses and pharmacists) and open a minimum of 12 hours per day. There will be availability of diagnostic tests (i.e. blood tests) in each centre.

In A&E patients will first be seen by a primary care clinician (GP or nurse). Some areas, for example, Bolton already operate this model and have seen significant improvement in the waiting times and patient experience.

In other areas work is ongoing to identify where each urgent care treatment centre will be. Some will be hosted in local hospitals or established centres in the community.

Access to evening and weekend appointments

Patients in most of Greater Manchester can now access pre-bookable and same day appointments at GP practices in their neighbourhood during evenings and the weekend.

GP Access hubs

In some localities central GP access hubs manage the booking of the evening and weekend appointments.

Over winter some of these hubs will be part of a trial to test the direct booking of appointments via NHS 111. Patients that contact NHS 111 will be directly booked into an appointment outside core general practice hours (08.00 - 18.30, Monday to

Friday). GMHSCP is also working closely with NHS111 to improve access to a wider range of services, for example, emergency dental services.

Safe and timely discharges

We have been working across localities to share best practice on the safe and timely discharge of patients from hospital. For example, 'discharge to assess services' work to identify patients across hospital wards who are medically fit to leave a hospital bed and arrange their transfer home or to a community environment. They work closely with colleagues to ensure all additional requirements are put swiftly in place enabling patients to spend less time in a hospital bed.

A 90 day Improvement Programme is also being launched by GMHSCP on 6th December to improve discharge processes.

Workforce

Work is being done across Greater Manchester to ensure that workforce challenges are addressed to help provide better resilience over winter. Partners have worked together;

- to agree how best to use agency and locum staff,
- on plans for recruitment and retention across GM
- to share best practice workforce initiatives
- to promote wider ambitions to develop more career pathway opportunities and innovative working

Communications campaign

Greater Manchester's winter campaign – jointly funded by the Partnership and CCGs - focuses on flu and general Stay Well This Winter messaging. This is to amplify the national NHS England campaign.

There are 89 bus backs and 94 sides currently visible on the city-region's streets. There have been ten hackney cabs 'wrapped' in GM flu branding, online activity, through Facebook and other social media channels. Key spokespeople have been made available for interview, and we videoed GM mayor Andy Burnham and Lord Peter Smith talking about the importance of the flu vaccination.

National has a particular emphasis on the over 65s audience, in continuing to promote the flu vaccination, but also general messages around 'at the first signs of illness visit a pharmacy'. This will be reflected in Greater Manchester as it is recognised that by keeping older people well, the most impact will be felt in urgent and emergency care.

Available information about winter

NHS England publish a weekly online report every Thursday morning around 9.30am showing verified data of weekly performance across provider organisations including all hospital Trusts. We will be encouraging media to use https://www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps/winter-daily-sitrep-2017-18-data/ as their first port of call. We will provide some weekly lines on the Greater Manchester position to provide some local context to the information.

A trust's A&E performance data is just one part of a hospital's overall performance picture and A&E figures are likely to change several times during the course of an average day. This means that any figures given outside of the published weekly statistics only provide an unverified snapshot for a very short period of time.

Public 'call to action'

People should ensure that they use their GP practice as their first port of call when they require urgent medical care* (except for 999 emergencies).

In addition, they should have a well-stocked medicine cabinet at home, visit their local pharmacy for advice on any minor illnesses, and all those eligible should get their free flu jab. There are many other things that people can do to keep themselves and their family well at home and avoid the need for medical support. Click here for more information or go to the Stay Well this Winter website.

* ***intermediate care*** *services support people by helping them to achieve their independence and return to their own homes as soon as possible*

Report to:	Board of Directors	**Date:**	30th November 2017
Subject:	Trust Performance Report (reporting period : Month 7 2017/18)		
Report of:	Chief Operating Officer	**Prepared by:**	Joanne Pemrick Head of Performance

REPORT FOR APPROVAL

Corporate objective ref: N/A	In relation to month 7 performance, the following are the main areas of concern for the Boards attention: • ED was non-compliant against the Single Oversight Framework metric and against the 90% trajectory plan. However, performance in October was much improved at 86.1%. • RTT regained compliance with standard in month. • The Cancer 62 day standard is not predicted to achieve for October. • The Trust financial position is favourable to plan to the end of October by £1.1m, but this is still an £19.5m loss equal to £86,000 per day. • In year CIP is £1.2m ahead of the profiled plan to date, a deterioration of £0.8m from last month as the target is now catching up with the savings transacted to date. Recurrent CIP has increased in month to £5.9m (39%), of which theatre productivity represents £2.4m of the total recurrent CIP. • Elective income has deteriorated again in month. Scheduled sessions taking place in certain specialties are being run more efficiently, but fewer lists are going ahead than planned so income is low. • The Trust has now received written agreement from Stockport CCG that financial penalties will be re-invested as part of the Trust Financial Recovery Plan, and this has caused an in month favourable variance of £0.7m. The summary of all the key issues to note are detailed in section 1.1 of the report.
Board Assurance Framework ref: N/A	
CQC Registration Standards ref: N/A	
Equality Impact Assessment: ☐ Completed X Not required	

This subject has previously been reported to:	☒ Board of Directors	☐ Workforce & OD Committee
	☐ Council of Governors	☐ BaSF Committee
	☐ Audit Committee	☐ Charitable Funds Committee
	☒ Executive Team	☐ Nominations Committee
	☒ Quality Assurance Committee	☐ Remuneration Committee
		☐ Joint Negotiating Council
	☐ FSI Committee	☒ Other

1. Introduction

This report provides a summary of performance against the NHSI Single Oversight Framework for the month of October 2017, including the key issues and risks to delivery. It also provides, in section 4, a summary of the key risk areas from the Trust Integrated Performance Report which is attached in full in Annex A.

1.1 Key issues to note:

Operational Performance

- While ED performance was non-compliant in October 2017 against the Single Oversight Framework metric and the 90% trajectory plan, performance was significantly improved at 86.1%.
- As forecast, RTT compliance was achieved this month.
- At the point of reporting close, the Cancer 62 day standard is not predicted to achieve for October.
- Elective cancelled operations on the day was above the threshold target of 0.85%

Workforce

- Bank and agency costs in month (October 2017) account for 12.3% (£2.18m) of the £17.65m total pay costs. This is an increase of 2.13% from the position reported in September (£1.85m).
- The in-month unadjusted sickness absence figure for October 2017 is 4.15%; an increase of 0.17% compared to the previous month. The increase for coughs and colds by 3% is significant.

Finance

- The Trust financial position is favourable to plan to the end of October by £1.1m, but this is still an £19.5m loss equal to £86,000 per day.
- In year CIP is £1.2m ahead of plan the profiled plan to date, a deterioration of £0.8m from last month as the target is now catching up with the savings transacted to date. Recurrent CIP has increased in month to £5.9m (39%), of which theatre productivity represents £2.4m of the total recurrent CIP.
- Elective income has deteriorated again in month. Scheduled sessions taking place in certain specialties are being run more efficiently, but fewer lists are going ahead than planned so income is low.
- The Trust has now received written agreement from Stockport CCG that financial penalties will be re-invested as part of the Trust Financial Recovery Plan, and this has caused an in month favourable variance of £0.7m.

2. Compliance against Single Oversight Framework

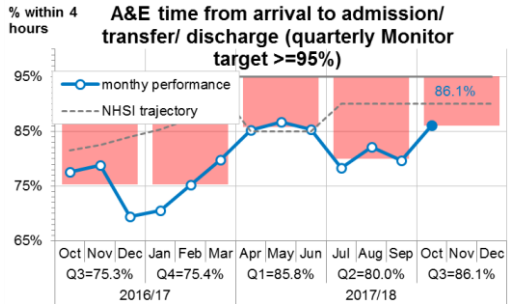
The table below shows performance against the indicators in the Single Oversight Framework that came into effect 1st October 2016. The forecast position for next month is also indicated by a red (non-compliant) or green (compliant) box.

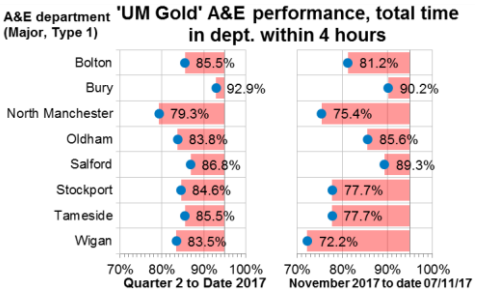
	Standard	Monitoring Period	Nov-16	Dec-16	Q3	Jan-17	Feb-17	Mar-17	Q4	Apr-17	May-17	Jun-17	Q1	Jul-17	Aug-17	Sep-17	Q2	Oct-17	Nov-17 (f/cast)
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate: Patients on an incomplete pathway	92%	Monthly	92.4%	92.1%	92.0%	92.1%	92.5%	92.6%	92.4%	92.5%	93.3%	92.7%	92.8%	92.7%	92.1%	91.7%	92.1%	92.0%	
A&E maximum waiting time of four hours from arrival to admission/ transfer/ discharge:	95%	Monthly	78.9%	69.4%	75.3%	70.5%	75.2%	79.8%	75.4%	85.3%	86.7%	85.3%	85.8%	78.3%	82.1%	79.7%	80.0%	86.1%	
All cancers: Maximum 62-day wait for first treatment from: urgent GP referral for suspected cancer	85%	Monthly	85.1%	89.1%	86.0%	85.4%	87.3%	91.2%	88.1%	91.3%	74.5%	85.0%	83.7%	85.9%	90.7%	85.6%	87.5%	83.2%	
All cancers: maximum 62-day wait for first treatment from: NHS Cancer Screening Service referral	90%		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Maximum 6-week wait for diagnostic procedures	99%	Monthly	99.8%	99.6%	99.7%	99.8%	99.7%	99.8%	99.8%	99.6%	99.8%	99.8%	99.7%	99.4%	99.3%	99.8%	99.5%	99.8%	

3. Month 7 2017/18: Performance against Single Oversight Framework

There are two areas of non-compliance against the regulatory framework in month 7:

i) A&E 4hr target





Performance against the 4hr standard was much improved during October, at 86.1%. However, this was still below the trajectory plan of 90%. At the end of October 2017, we had incurred 13% less breaches of the 4 hour target in the past 12 months than at the same point in October 2016. Performance in October 2017 was approximately 10% higher than October 2016 yet attendances were nearly 4% higher.

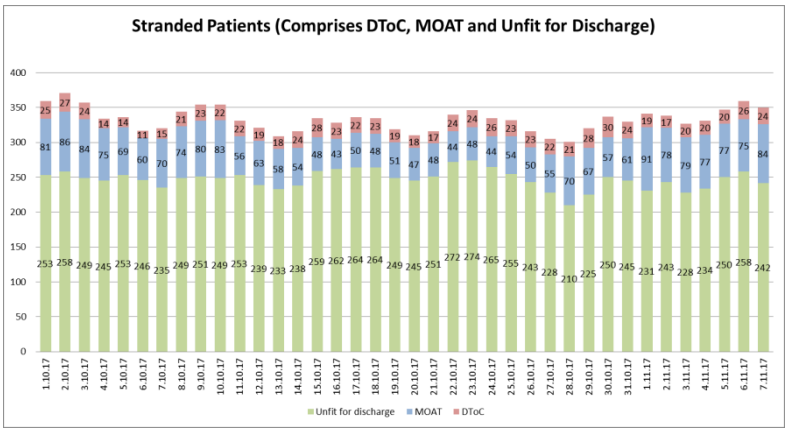
At the time of writing, performance against the 4hr Standard in November is extremely challenged due to a number of factors:

- Variable periods of surge are having a significant effect on our ability to maintain performance and greater attention is required to ensure a "whole hospital response".
- Overnight performance continues to be a key issue due to the shortfall in Consultants in the Emergency Department in the "twilight" shift.
- Our OPEL System response remains acute Trust focused with limited sight of actions being taken across the health economy.
- Despite significant national pressure, we have not closed any of our paediatric bed base and we have taken transfers from other organisations who have done so, thereby adding additional pressure on our services.

In addition to the plans for Winter preparedness, the following actions are being taken to improve short and medium term performance:

- Stranded patient reviews commenced on the 8th November focusing senior attention on those patients staying the longest in the hospital. This is recognised as best practice nationally and will allow the teams from Medicine & Clinical Support and Surgery, GI and Critical Care to identify the key themes and blockages in patient flow across their bed base.
- "CEEPFIT" meetings 3 times per week with the Clinical teams from across Medicine and Surgery to focus on early discharge and expediting patient flow across the system. This working is starting to have a tangible effect with early discharges increasing from the Medicine wards through effective MDT working and clinical leadership.
- The continued refinement of the OPEL escalation process and ensuring the Stockport System response is fit for purpose, has clear roles and responsibilities for all stakeholder groups and is providing the required resilience to meet the challenge of the approaching Winter months.

- A review of the Emergency Department Medical rota to provide two consultants every evening (from 1pm – 9pm) in order to meet the demands of the twice daily surges.
- The project to implement the Frailty Unit continues with a view to increasing capacity at the front end to provide the necessary capacity to ensure flow across the hospital each day.
- The focus on the reduction of DTOCs to 10 by December and MOATs through further development of Discharge to Assess pathways continues with close working between system partners.



ii) Cancer 62 day standard

The latest position for the month of October is 83.2% with a total of 10 patients breaching the 62 day standard.

7 patients were late referrals to other providers for treatment (i.e. past day 42 of their pathway). Of those 7 patients, the issues arising were:

- 3 cross-tumour group pathways,
- Delays in diagnostics, more notably;
    - Lymph node biopsy
    - PET scan - increasing waits being experienced for PET scans across GM
    - Histology reporting
- Patients requiring repeat tests,
- Patients requiring extended support, including a patient with acute learning difficulties.

Actions being undertaken to improve current performance include:

- A new Lymph node biopsy pathway has been presented by the Clinical Cancer Lead to the Cancer Quality and Service Improvement Committee which will reduce the wait to test. Adherence to this new pathway is being monitored through the Committee.
- The performance of the Upper GI pathway has been identified as a key risk. As a result, the SLA with Manchester Foundation Trust is being reviewed with a view to agreeing the earlier transfer of patients, where possible.
- The Colorectal "straight to test" model has been agreed by the Clinical team and is in the process of implementation.

Future risks to compliance against the new Single Oversight Framework

Future risks to compliance with the new framework are:

- ED
    - Recruitment and retention of medical and nursing staff to ensure 24/7 resilience.

- Speed and pace required to deliver cultural change associated with large scale transformation across the Stockport System.
- Sustained increase in demand over the winter period.

- RTT
  - Redirection of Clinical resource away from elective activity to support the urgent care pathway, will affect the ability to maintain RTT performance over the winter period.

4. Key Risks/hotspots from the Integrated Performance Report

4.1 Quality

- **Discharge Summary**

The Trust is failing to make any further progress with publishing HCRs within the 48hr timeframe. Furthermore, these issues may be compounded as there is a commissioner request to move to a 24hr standard from next April.

It is acknowledged that several factors are contributing to poor performance;

- Lack of real time admission and discharge (ADT) on PAS.
  The discharge summary will not be published, even if completed, if the patient has not been discharged on the PAS system. This is mainly an issue across services where administrative support is not present such as out of hours or at the weekend.

- Outlying patients prior to discharge.
  It is reliant on the staff from the ward the patient was transferred from to action the discharge.

- Junior doctor gaps
  This function is heavily reliant on the junior doctor workforce. Gaps in rotas and subsequent reliance on locum medical staff of all grades affects completion rates, most notably in high throughput and assessment areas eg CDU, ACU etc…

Actions being undertaken to improve current performance include:

- Generation of a report 24hrs post discharge to highlight outstanding HCRs and prompt completion.
- The work being led through the CEEPFIT sessions to drive discharges earlier in the day will ensure that we are minimizing the numbers of patients discharged out of hours.
- IT solutions to mitigate out of hours administrative function being investigated.

- **Clinical Correspondence**

The percentage of correspondence typed within 7 days fluctuates between 60%-70% each month, which is adrift from the 95% target.

The specialties with the longest waits presently are Cardiology, Chest and DMOP.
There are currently acute staffing gaps within the Medicine and Clinical Support Business Group which is hampering progress with reducing these waits which will be further exacerbated next month as planned sickness and resignations take effect. Similarly, the WC&D Business Group will have a 50% deficit in secretarial staff from next month due to similar issues.

Actions

- The short to medium term solution is reliant on moving to a clinical correspondence typing hub in order to increase efficiencies and resilience within associated resource. The project group plan for this to take place on December 4th 2017.
- Flexible use of peripatetic typists across the Medicine and Clinical Support Business Group
- The ultimate solution is to transfer to a voice recognition process which is planned in for phase 2 of EPR implementation.

- **Patient Experience**
  Overall in October, the trust scored 92% extremely likely or likely to recommend. The ED score improved to 88.9%. Feedback from patients attending ED continued to cite long waiting times, although many positive comments were received regarding staff providing excellent care under pressure.

4.2 Performance

- **Cancelled operations on the day (Non-clinical reasons)**
  There were 45 cancelled operations on the day for non-clinical reasons in October.

  The specialty with the highest number of cancellations was Orthopaedics with 18 cases cancelled (8 due to lack of theatre time, 5 due to urgent cases taking priority and 4 due to no bed availability).

  Overall, the most common reason for cancellation was lack of theatre time (13 cases), followed by no bed availability (7 cases) and urgent cases taking priority (7 cases).

- **Outpatient Waiting Lists:**
  At the end of October, Ophthalmology, Chest and Gastroenterology were on track against their revised forecast positions. Cardiology was behind plan which was mainly due to a loss of clinical sessions following the appointment of a substantive consultant and the release of a Locum, whose job plan was predominantly clinical sessions. Unfortunately due to a recent resignation, another Consultant gap will occur from December and it is anticipated that this will be filled by a locum.

4.3 Finance

- **CIP**
  To the end of October £5.8m of CIP has been actioned towards the year-to date target of £4.6, so is £1.2m ahead of plan. £9.5m (63%) of the £15.0m annual saving has been achieved. Recurrent CIP has increased in month to £5.9m (39%), of which theatre productivity represents £2.4m of the total recurrent CIP. This remains as a risk as although efficiency has improved in some specialties, the overall volume of lists required to meet the plan is not being delivered.

  Overall delivery of full year CIP savings of £15.0m is required to achieve the planned deficit of £27.4m but at present recurrent delivery is low. **This is a significant concern as it does not support the Trust's drive to return to financial balance in the medium term, as a further £15m of recurrent CIP is required in 2018/19, in addition to delivery of the full £15m recurrently in 2017/18.**

- **Financial sustainability**
  The Trust's Use of Resources (UOR) score under the Single Oversight Framework is a 3, classified by NHSI as triggering significant concerns. The Trust's operational plan for 2017/18 predicted a score of 3 for October 2017 and our actual performance is in line with this.

For the Trust's overall score to improve to a 2 the planned financial deficit would need to improve by £24.7m to a deficit of £2.7m (within 1% of planned operating income).

- **Agency Ceiling**
  Agency costs to date are £7.8m, which represents 6% of total pay costs. This is in excess of the profiled NHSI agency ceiling to date by £1.3m.

  Agency costs for medical staffing are £5.6m to October 2017, which is 72% of all agency costs and highlights that the Medicine and Integrated Care business groups' reliance on agency medical staff is a key driver for breaching the NHSI ceiling to date.

  NHSI's national team are now providing targeted support to the Trust, focusing on the highest cost agency staff and working to reduce this premium rate cost.

- **Elective Income**
  Elective income has deteriorated again in month by £0.2m, and is £1.9m behind plan after the target has been increased for CIP. Compared to forecast the Surgery business group's recovery plan is 28 cases ahead, but the recovery trajectory does not bring income in line with plan.

  Inpatient income is currently behind plan by £1.4m, and day case activity is £0.5m adverse. The Trust has spent £1.3m on waiting list initiatives and £0.9m on out-sourcing in seven months, but this is not solely on elective work and includes out-sourced radiology reporting.

  Elective activity continues to the main contributor to this deficit year, with activity 1,359 spells below planned levels. Both day case and inpatient activity is below plan by 855 and 504 spells respectively. As a result, the overall elective income is £1.9m adverse to plan.

  The focus this month has centered on recovery plans and close monitoring of actions required to ensure delivery. The Surgery Business group has undertaken a detailed review of expected elective activity until the end of the financial year and the forecast year-end recovery plan is dependent on delivering this level of activity. A weekly recovery plan meeting tracks progress in each specialty and alongside this progress is also tracked at the weekly Patient Tracking List (PTL) meeting and the 6-4-2 theatre scheduling meeting. During October, the business group overachieved against the forecast activity for the month by 28 spells. This close scrutiny will continue over the remainder of the financial year.

4.4 Workforce

- **Essentials training**
  The essentials training compliance is 86.7% for October 17; up 3% on September 2017. The improvement being attributed to a focused effort by the e-learning specialist, underpinned by improved data validation.

  A new Statutory and Mandatory training matrix was launched on 8th November, supported by new e-learning packages; which is receiving positive feedback. It is expected that the upturn in performance will continue in response to the improved training experience.

- **Appraisals**
  The Trust's total appraisal compliance for October 2017 is 92.7%. The learning and development team has been focusing on data validation and is supporting the business groups to develop and implement improvement action plans. Areas achieving less than 90% compliance will be the target for additional focused support. It is anticipated that the improvement in performance will continue and the aim to meet target by December met.

- **Efficiency**
  Bank & Agency costs

Bank and agency costs in month (October 2017) account for 12.3% (£2.18m) of the £17.65m total pay costs. This is an increase of 2.13% from the position last month (£1.85m).

Bank and agency spend across the Medicine &CS Business Group, which is still carrying a high number of medical and nursing vacancies, increased from £0.75m in September 2017 to £0.84m in October 2017, and continues to have the highest spend on bank and agency equating to 24.05% of the Trust overall bank and agency spend and 4.74% of the Trust total pay bill.

- **Sickness Absence**
  The in-month unadjusted sickness absence figure for October 2017 is 4.15%; an increase of 0.17% compared to the previous month. The sickness rate for comparison in September 2016 was also 4.15%. The top three reasons for absence in October 2017 are: Stress at 33.7% (a 1.28% decrease from September 2017), Back Problems and Other Musculoskeletal Problems including injury/fracture at 22.8% (a 2.29% decrease from September 2017), and Coughs/Colds/Influenza and Asthma at 10.43% (compared to 3.01% in September). The increase for coughs and colds by 3% is significant.

5. Recommendations

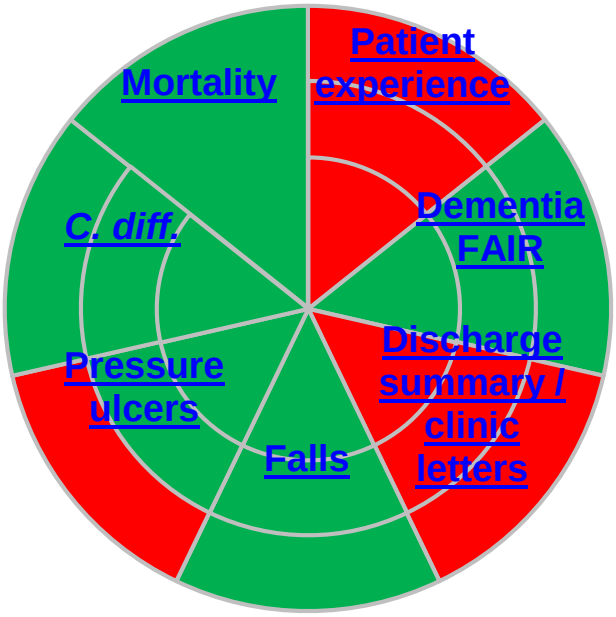
The Board is asked to:

- Note the current position for month 7 compliance against standards.
- Note the future risks to compliance and corresponding actions to mitigate.
- Note the key risks areas from the Integrated Performance Report.

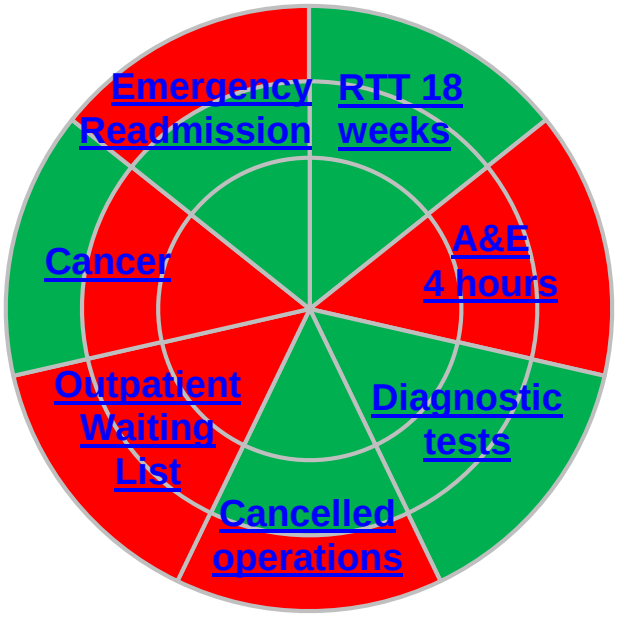
Integrated Performance Report
October 2017

Stockport NHS Foundation Trust

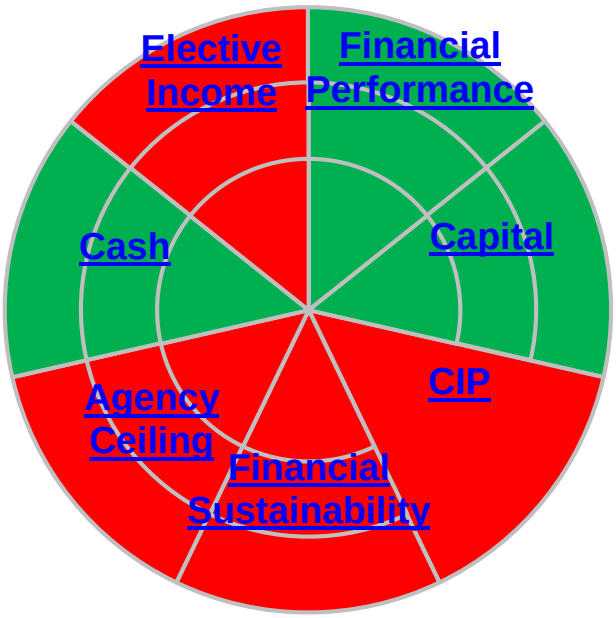
1. Quality



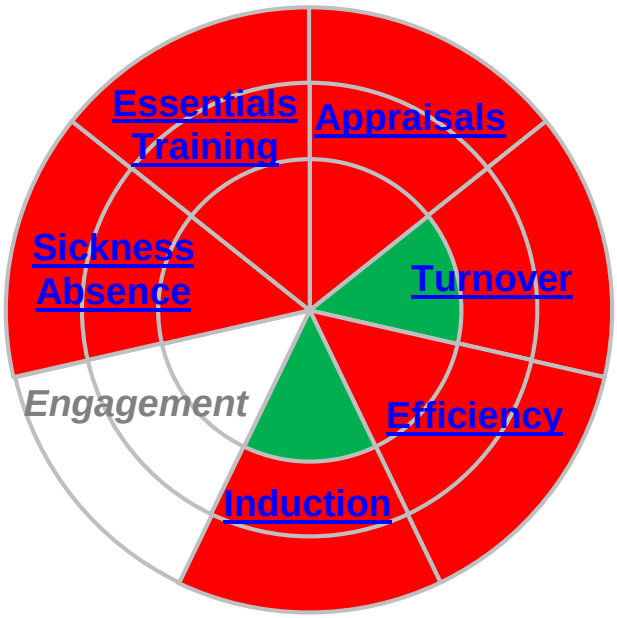
2. Performance



3. Finance



4. Workforce



Key to wheels:

Outer ring; Year-to-date performance. Middle ring, latest quarter. Inner ring, latest month. Mortality is assessed on the latest 12 months, CIP (Cost Improvement Programme) on the year-to-date.

Your Health. Our Priority.

Integrated Performance Report

Changes to this month's report October 2017:

- This month information on progress with the flu vaccination programme has been included. This can be seen in charts 92-94.

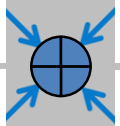
Key to indicators:

Monitor indicators (in Risk Assessment Framework): M
Monitor indicators for which we have made forward declaration: M

Corporate Strategic Risk Register rating (current or residual): 15
Risks rated on severity of consequence multiplied by likelihood, both based on a scale from 1 to 5. Ratings could range from 1 (low consequence and rare) to 25 (catastrophic and almost certain), but are only shown for significant risks which have an impact on the stated aims of the Trust, with an initial rating of 15+.

Data Quality: Kite Marking given to each indicator in this report 
This scoring allows the reader to understand the source of each indicator, the time frame represented, and the way it is calculated and if the data has been subject to validation. The diagram below explains how the marking works.

Filled Trust Data	**Blank** National Data	**Filled** Validated	**Blank** Unvalidated
Filled Automated	**Blank** Not Automated	**Filled** Current Month	**Blank** Not Current Month



Patient Experience

Chart 1

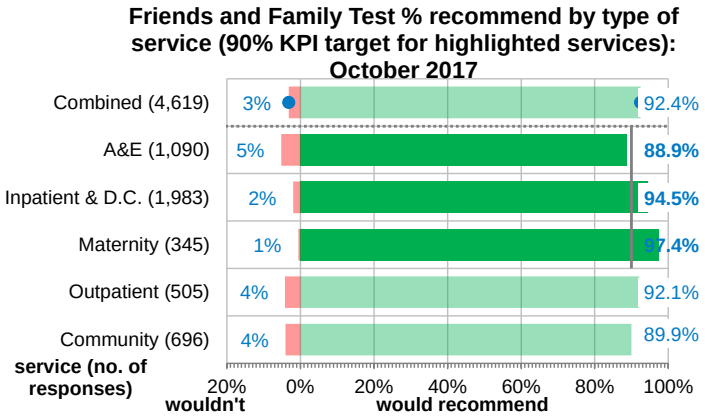


Chart 2

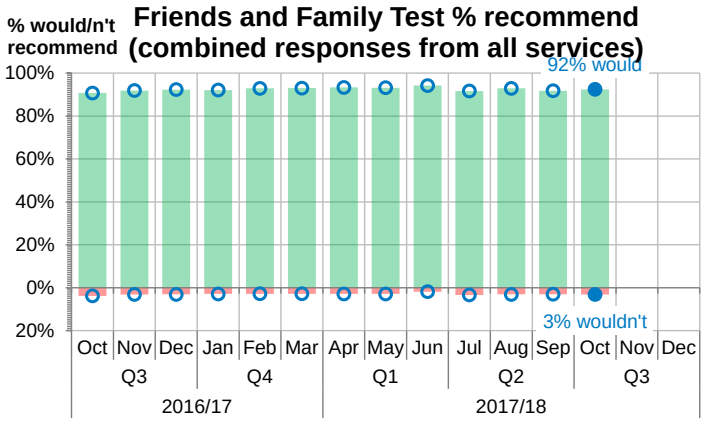
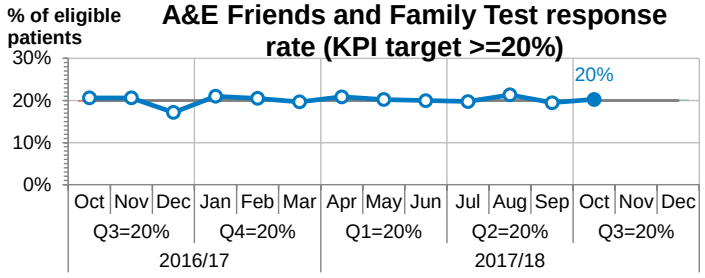


Chart 3



In the month of October we had a total of 4620 responses for the Friends and Family test and 92% of patients stated that they were extremely likely or likely to recommend the Trust.

Results broken down:

AREA	Response rate March	Variance on previous month (RR)	% extremely likely / likely to recommend March	Variance on previous month (% Rec)
ED inc children's ED	20%	same	89%	+2%
Inpatients	32%	-3%	95%	same
Maternity (Birth)	44%	-7%	99%	+2%
Outpatients	33%	+2%	91%	+1%
Daycase	32%	-2	92%	-3%
Community	27%	+1	90%	+1%

Maternity all stages: response rate = 31%, change from last month +5%

Maternity all stages: % extremely likely / likely to recommend 97%, this is an increase of 1% from September.

Feedback Themes (acute):

ED (adult) Positive comments received related to professional, knowledgeable staff who provide excellent care even when under pressure. There were also many positive comments relating the excellent service that is provided to patients. Negative comments continue to be related to long waiting times.

Inpatients (adults) Positive comments continue to be related to kind, caring and friendly staff who deliver an efficient service. Negative comments continue to relate to poor communication and lack of staff.

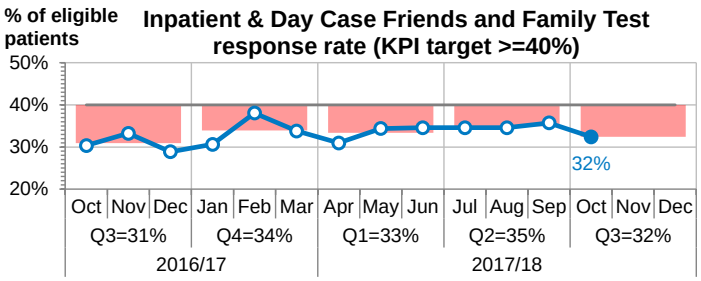
Maternity All comments received were positive and related to the fantastic care and service delivered by caring and knowledgeable staff.

Paediatrics (inpatients) All comments received were extremely positive relating to professional, caring staff who provide family centered care.

Daycase: Positive comments related to professional, knowledgeable staff who deliver fantastic care. Negative comments related to long waits and poor communication.

Outpatients: Positive comments continue to relate to

Chart 4



extremely friendly and helpful staff who make patients feel at ease and who have a smile on their face. There were also positive comments related to the clean environment. Negative comments continue to relate to waiting times.

IPad Inpatient Surveys

In October 222 inpatient iPad surveys were undertaken, which is a decrease of 21 compared to the number completed in September.

All wards have log in access to review / undertake iPad surveys and this continues to be encouraged.

All results can be seen via the trust Corporate Information System (CIS) and continue to be sent to wards on a monthly basis in more detail as a report. Using a RAG rating system the results via CIS are presented in a format which enables an overall trust wide view of where performance is good and where targeted focus is required.

Overall, the trust scored 86% positive responses in October which is a decrease of 1% from September.

Results in October have shown improvements where patients feel there were enough nurses on duty with an increase of 2%, where patients feel nurses talk in front of them as if they were not there with an increase of 5%, where patients have been bothered by noise at night from other patients with an increase of 4% and a 6% increase in relation to the temperature of the hospital foods.

Less positively results have deteriorated significantly where patients did not receive assistance with eating and drinking or opening sachets and cutting up food. Results also show a deterioration where patients feel after receiving pain relief they haven't been asked if it was effective with a decrease of 9%, adequate choice of food with a decrease of 8%, completion of a property form with a decrease of 8% and a 3% decrease where patients feel they had been given enough privacy when discussing their condition.

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Dementia

Chart 5

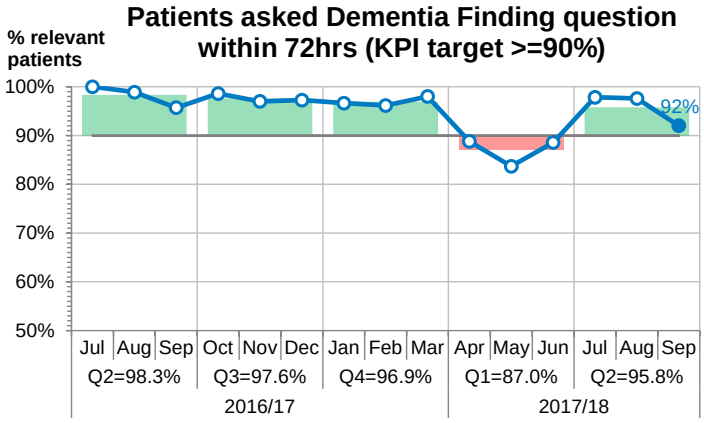


Chart 6

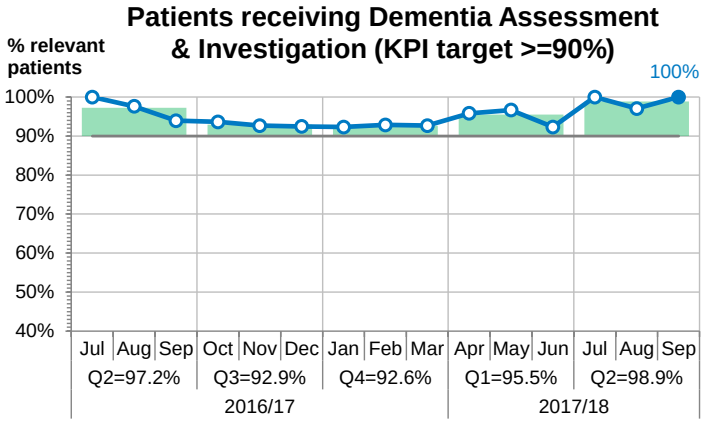
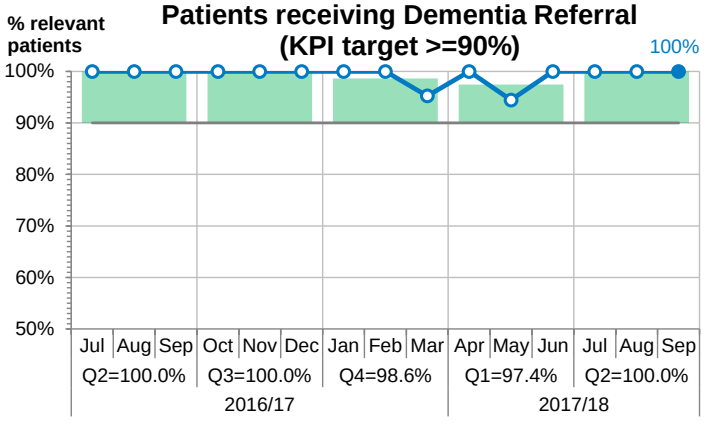


Chart 7



Charts 5 to 7 show performance against the dementia standards.

Compliance against the standard has been achieved for September.

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Discharge Summary

Chart 8

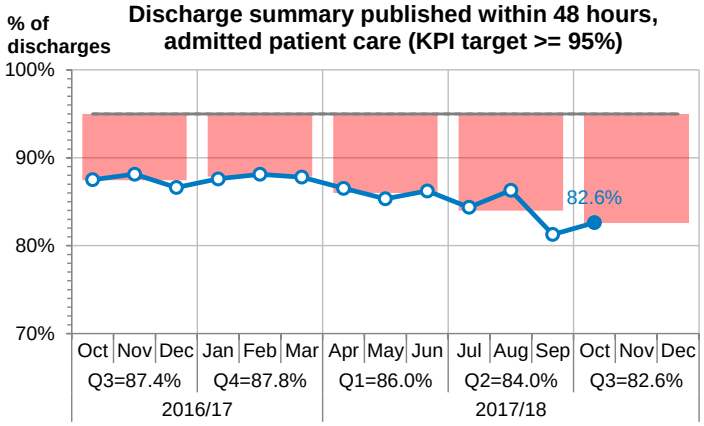

Chart 8 shows compliance with discharge summary completion within 48hrs.

The percentage of discharge summaries published within 48 hours was 82.6% in October.

Lack of real time admission and discharge (ADT) on PAS and gaps in the junior doctor workforce are the main contributors to the continuing under achievement of the standard.

Actions being undertaken to improve current performance include:

- Generation of a report 24hrs post discharge to highlight outstanding HCRs and prompt completion.
- The work being led through the CEEPFIT sessions to drive discharges earlier in the day will ensure that we are minimizing the numbers of patients discharged out of hours.
- IT solutions to mitigate out of hours administrative function being investigated.

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Clinical correspondence (typing backlog)

Chart 9

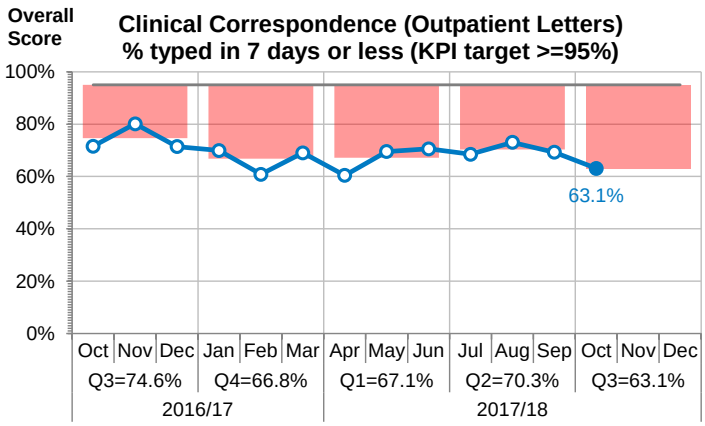

Chart 9 shows the performance against the clinical correspondence standard of 95% of Outpatient letters to be typed within 7 days.

The specialties with the longest waits presently are Cardiology, Chest and DMOP. There are currently acute staffing gaps within the Medicine and Clinical Support Business Group which is hampering progress with reducing these waits which will be further exacerbated next month as planned sickness and resignations take effect. The Women, Children & Diagnostics Business Group will have a 50% deficit in secretarial staff from next month which will further impact on performance.

Actions being taken to mitigate and improve performance are:

- Moving to a clinical correspondence typing hub in order to increase efficiencies and resilience. The project group plan for this to take place on December 4th 2017.
- Flexible use of peripatetic typists across the Medicine and Clinical Support Business Group
- A longer term solution is to transfer to a voice recognition process which is planned in for phase 2 of EPR implementation.

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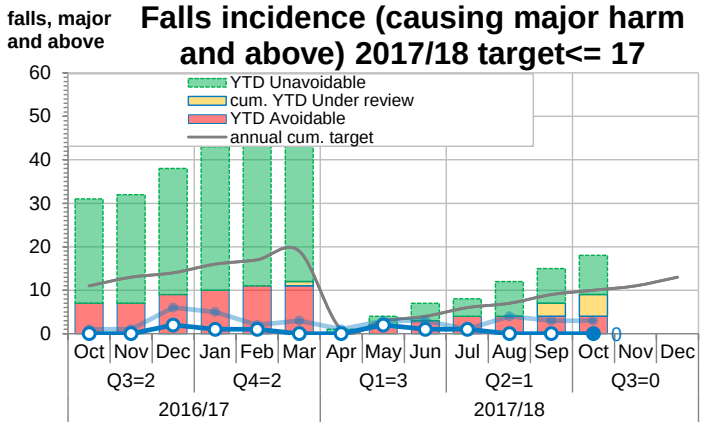
Falls 16

Chart 10



This year's target is 17 or below avoidable falls. In October **3** falls were reported. To date there has been **4** avoidable falls.

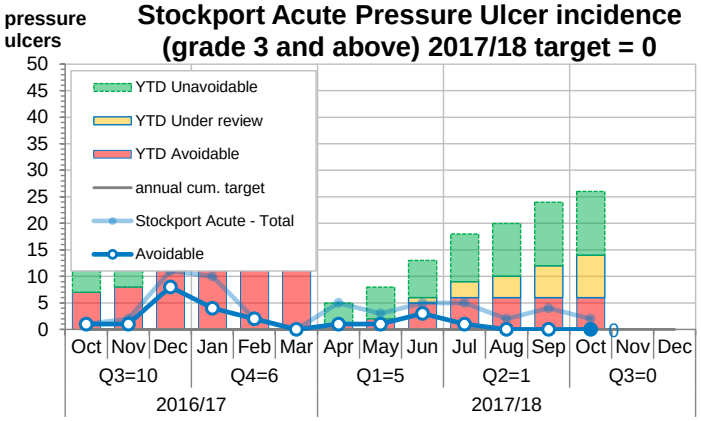
Work continues to identify patients at risk of falls and ensure the falls bundle is implemented.

Falls training has been reviewed and formal training commenced for HCA's and for staff attending clinical induction.

The Trust has commenced "Bay tagging" on M4 and A10 where the nursing staff tag someone on to the bay when they want to leave ensuring someone is present on the bay at all times. Initial results have shown a decrease in falls and this project will roll out to other wards within the next 2 months

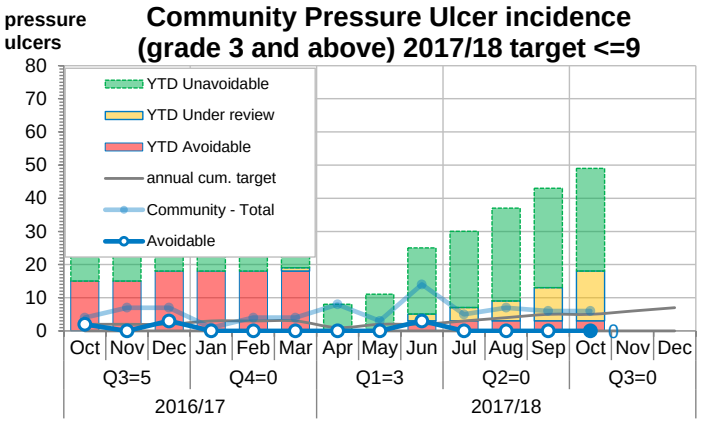
Pressure Ulcers 16

Chart 11



The stretch target for Stockport Acute services is zero tolerance of avoidable pressure ulcers grade 3 and 4 by the end of 2017/18. In October, there have been 2, category 3 and above pressure ulcers reported in the hospital, both are currently under review, so avoidable/unavoidable status remains to be determined. Therefore for this month, the total avoidable pressure ulcers for this financial year remains at 6.

Chart 12



The stretch target for Stockport Community is a 50% reduction in grade 3 and 4 avoidable pressure ulcers by the end of 2017/18. The target is 9 avoidable pressure ulcers for the year. In October there have been 6 new grade 3 or 4 pressure ulcers reported, 5 of which are still under review, and one has been deemed unavoidable. There have been a total of 3 confirmed avoidable pressure ulcers this year in community; however a number of incident investigations remain to be confirmed.

The numbers of pressure ulcers in the Acute setting have reduced over the last three months, whilst total numbers in the community remain static. The community pressure ulcer reporting flow chart has been revised and is to be reissued.

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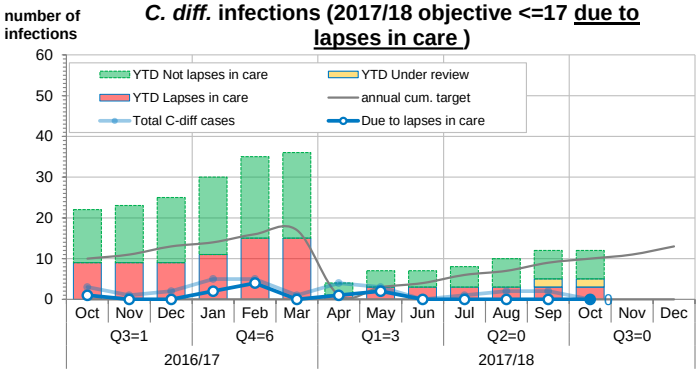
Clostridium difficile (C. diff.) infections

Chart 13



There has been zero cases of Clostridium difficile in October, the total number YTD is 12. Of these 12 cases 10 have been reviewed with the other 2 cases still under review.

We have been advised by the CCG that 7 cases reviewed by them do not have significant lapses in care and do not reach the threshold for reporting; however 3 cases do have significant lapses in care and do reach the threshold for reporting. Therefore 7 cases would not count towards the trajectory of 17 significant lapses in care but 3 cases will.

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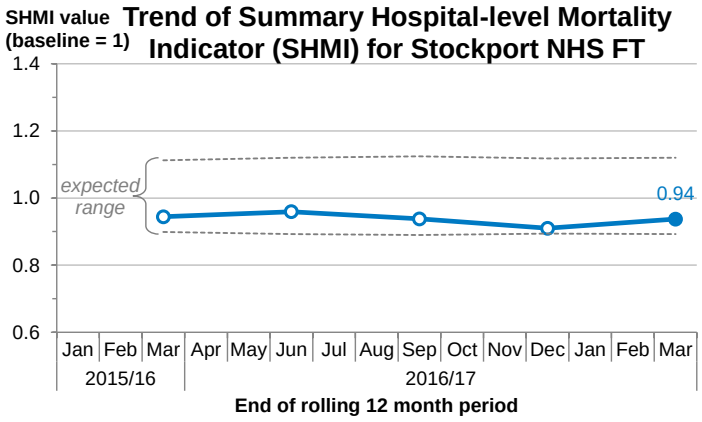
Mortality

Summary Hospital-level Mortality Indicator (SHMI)

This is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.
Data source: Health and Social Care Information Centre

Chart 14



Mortality analysis now includes 3 measures, SHMI, RAMI, and HSMR (not Dr Foster HSMR but a proxy provided by the CHKS software). Where possible data is shown to represent performance over time, against peers and with weekend/week comparisons.

Whilst overall mortality profile is good and reported as Green, investigation is needed into the varying mortality at the weekend compared to the week. This would be in tandem with the Trust 7 day services action plan

Chart 15

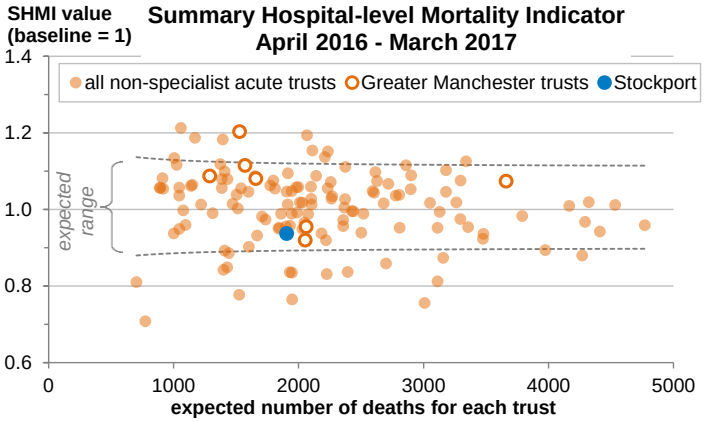
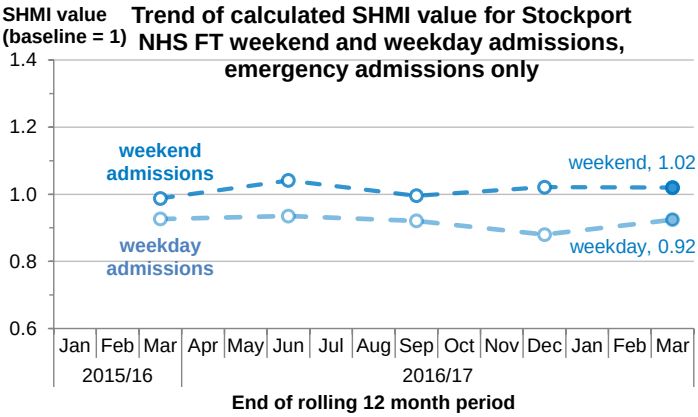


Chart 16



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Risk Adjusted Mortality Index (RAMI)

The main differences in calculation from SHMI are: RAMI only includes in-hospital deaths; it excludes patients admitted as emergencies with a zero length of stay discharged alive, and patients coded with receiving palliative care; the estimates of risk used to work out the number of expected deaths are calculated once per year ("rebasing"), data is shown here using latest 2016 benchmarks; RAMI includes data from the whole patient spell rather than just the first two admitting consultant episodes.

Data source: CHKS

Chart 17

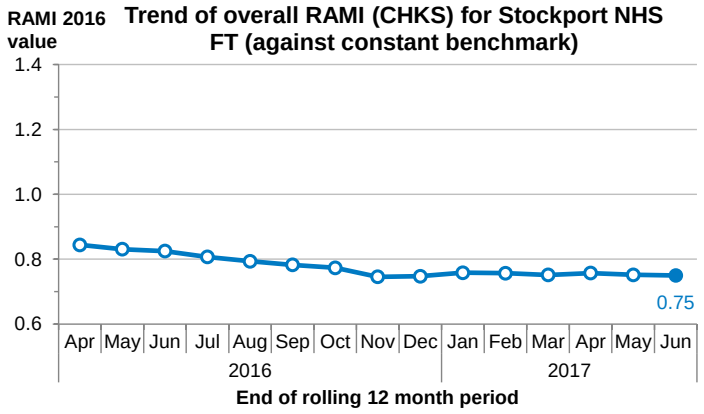


Chart 18

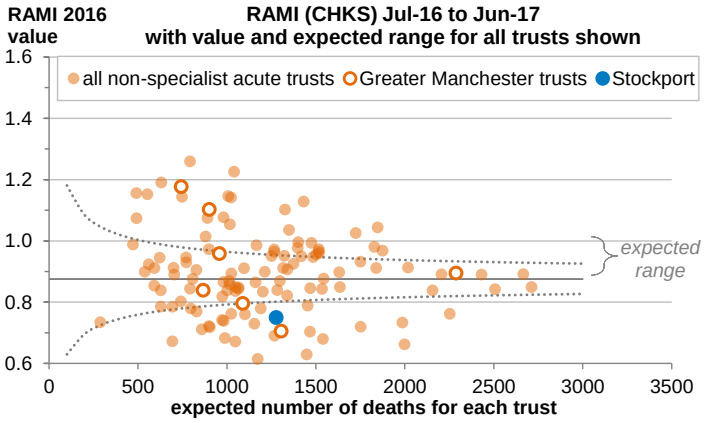
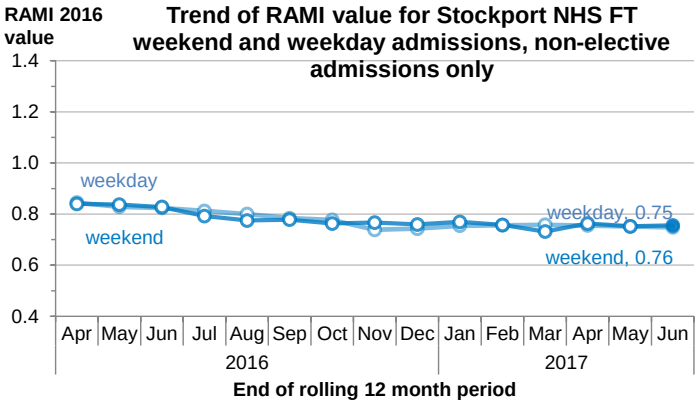


Chart 19



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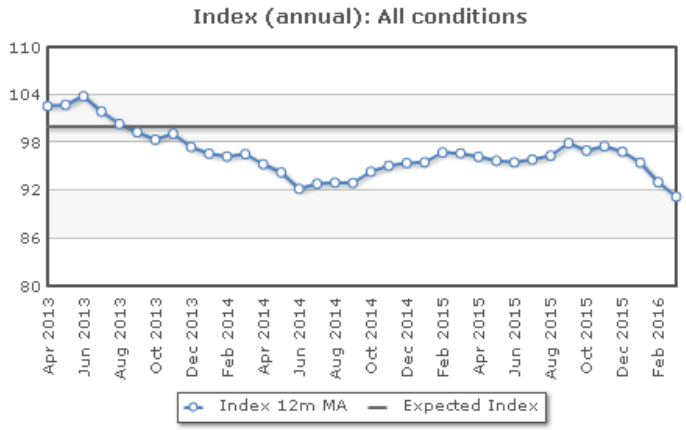
Hospital Standardised Mortality Data (HMSR)

The main differences in calculation from SHMI are: HSMR only includes in-hospital deaths; the factors used in estimating the number of patients that would be expected to die includes whether patients are coded with receiving palliative care, and socio-economic deprivation; the estimates of risk used to work out the number of expected deaths are calculated once per year ("rebasing"), data is shown here using latest benchmarks.

Data source: CHKS (using Dr Foster Intelligence methodology)

Chart 20



Referral to Treatment (RTT) waiting times

Chart 21

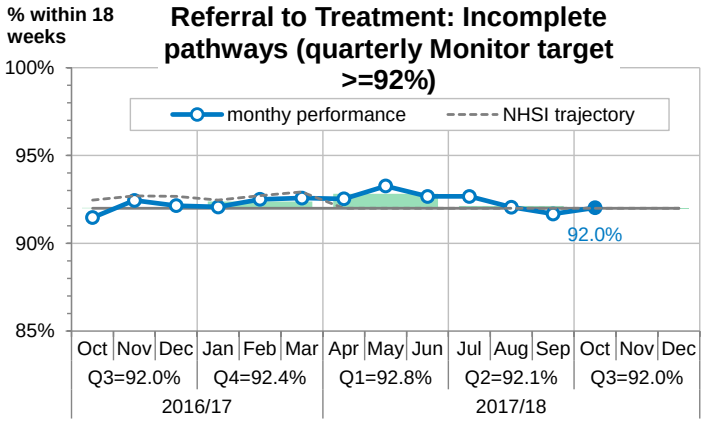


Chart 22

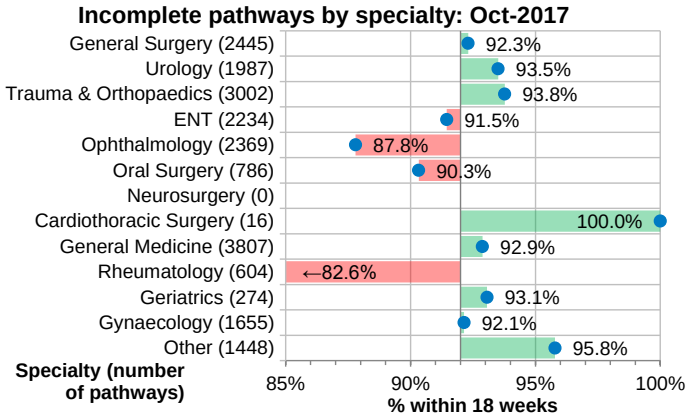


Chart 23

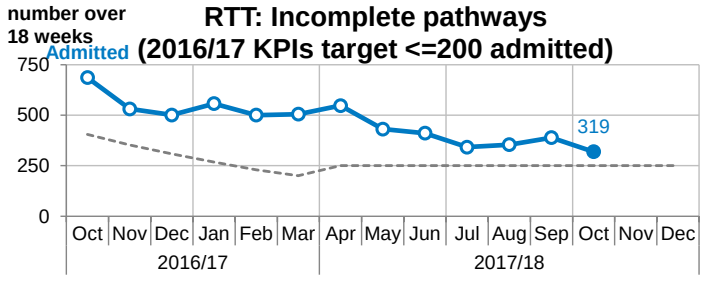


Chart 24

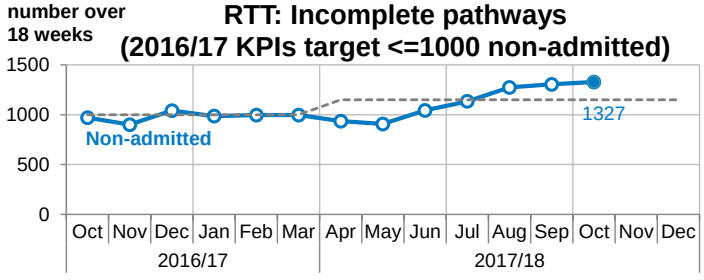


Chart 21 shows performance against the RTT Incomplete standard.

The Trust has achieved the RTT standard in October achieving 92.03%.

4 services failed the standard at specialty level in October; Rheumatology, Ophthalmology, ENT and Oral Surgery. The main contributing factors are workforce issues related to Outpatient nurse staffing and the ability to secure anaesthetic cover for theatre lists.

Actions planned to address performance in the 4 specialties include:

- Additional weekend Oral surgery theatre lists throughout November and December
- Engaging a locum consultant to undertake additional Outpatient sessions (Oral surgery)
- Exploring option of additional weekend lists (ENT)
- Exploring outsourcing options for oculoplastic ophthalmology cases
- Skill mix review (ophthalmology)
- Switching some follow-up capacity to new from December (Rheumatology)

Charts 23 and 24 show the number of patients waiting beyond 18 weeks split by admitted and non-admitted pathways.

The admitted backlog decreased from 385 to 319 at month end.

The non-admitted backlog has risen to 1327, mainly due to pressures within the Ophthalmology and Rheumatology services.

Accident & Emergency, Urgent Care & Flow

Chart 25

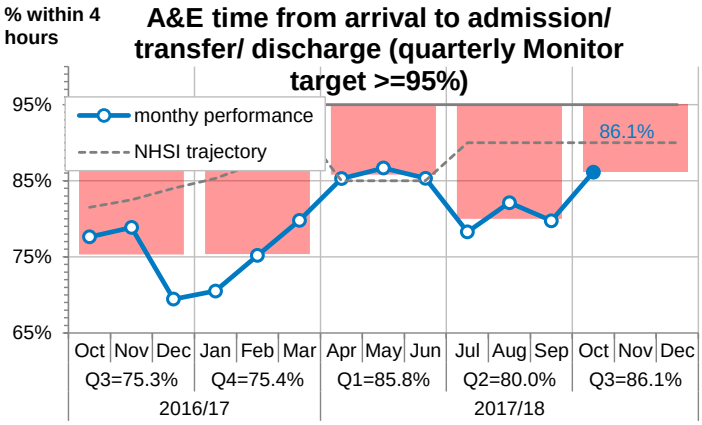


Chart 26

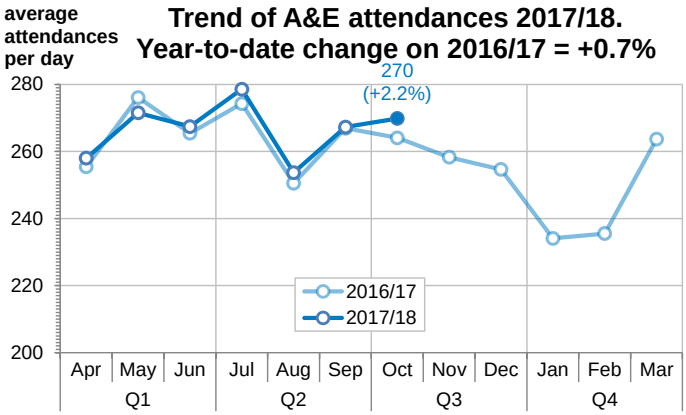
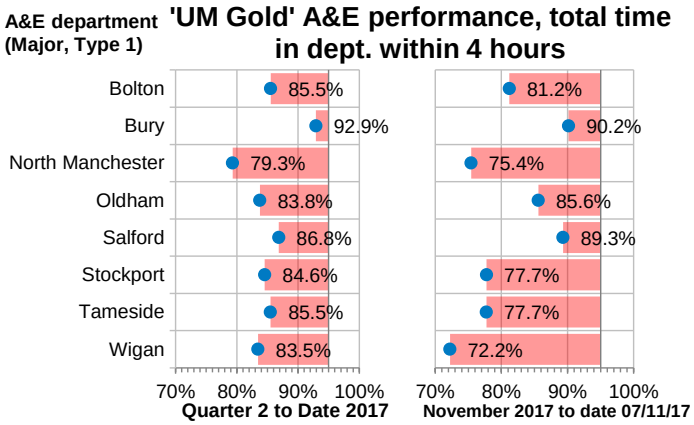


Chart 27



Source: Greater Manchester Academic Health Science Network.

Chart *25* shows compliance against the 4hr A&E standard.

Performance in October was 86.1%, which is below the improvement trajectory of 90% but is a significant improvement on the previous 3 months.

At the end of October 2017, we had incurred 13% less breaches of the 4 hour target in the past 12 months than at the same point in October 2016. Performance in October 2017 was approximately 10% higher than October 2016 yet attendances were nearly 4% higher.

In addition to the plans for Winter preparedness, the following actions are being taken to improve short and medium term performance:

- Stranded patient reviews commenced on the 8th November focusing senior attention on those patients staying the longest in the hospital
- A review of the Emergency Department Medical rota to provide two consultants every evening (from 1pm – 9pm) in order to meet the demands of the twice daily surges.
- The project to implement the Frailty Unit continues with a view to increasing capacity at the front end to provide the necessary capacity to ensure flow across the hospital every day.
- The focus on the reduction of Delayed Transfers Of Care to 10 by December and Medically Optimised Awaiting Transfer through further development of Discharge to Assess pathways continues with close working between system partners.

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Chart 28

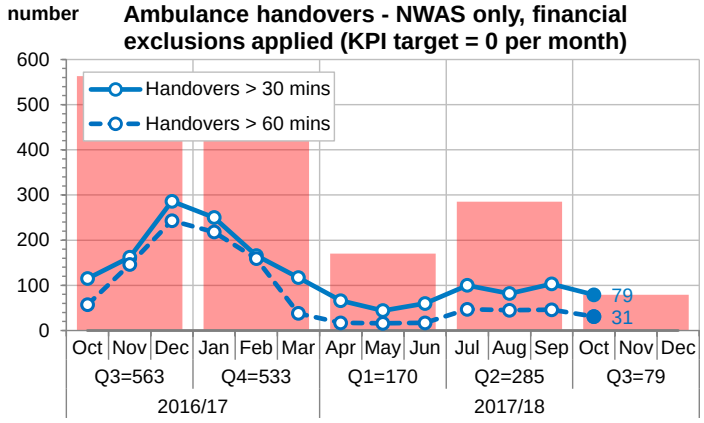


Chart 29

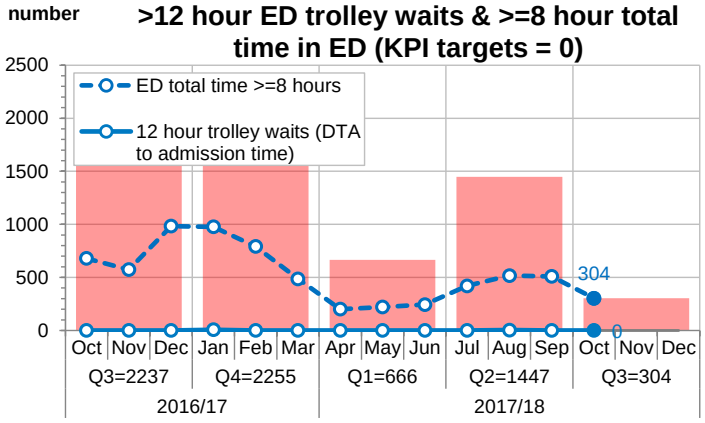


Chart 30

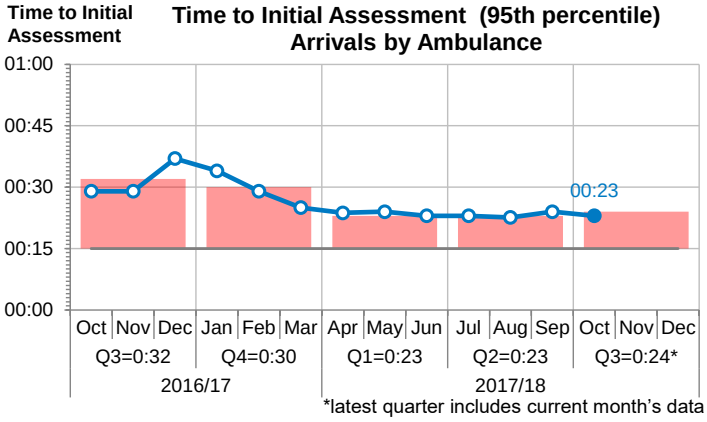


Chart 31

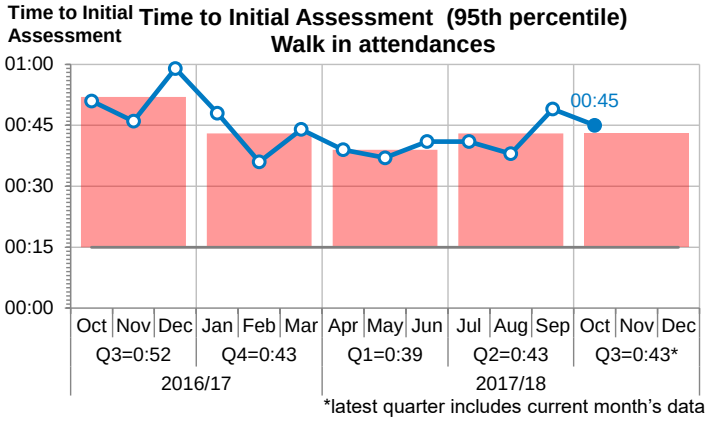


Chart 32

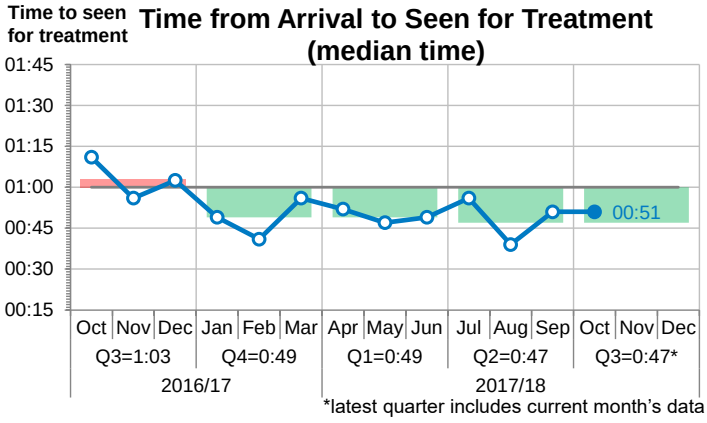


Chart 33

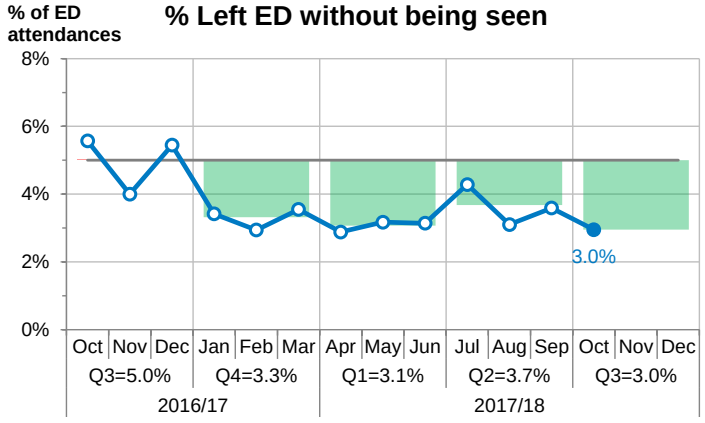


Chart 34

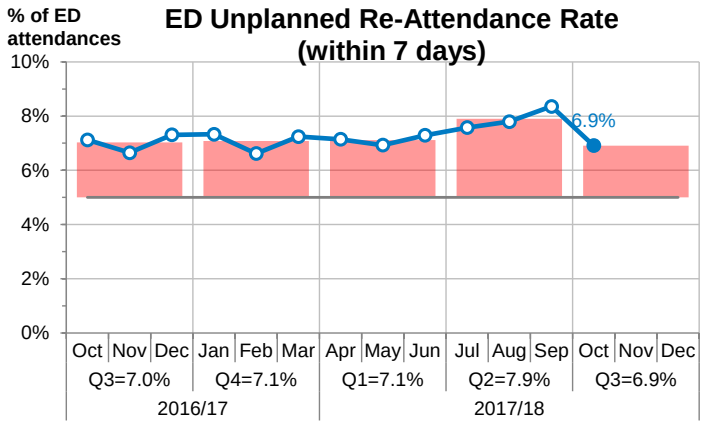
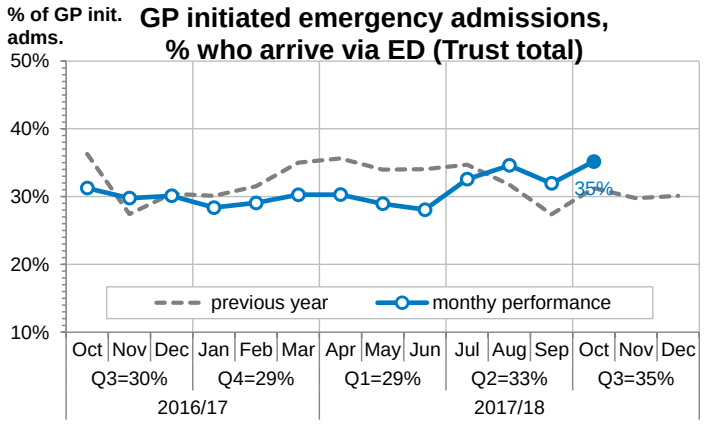


Chart 35



The following charts (35 to 43) are the high level KPIs to measure progress realized through the implementation of the Urgent care 90 day plan.

Chart 36

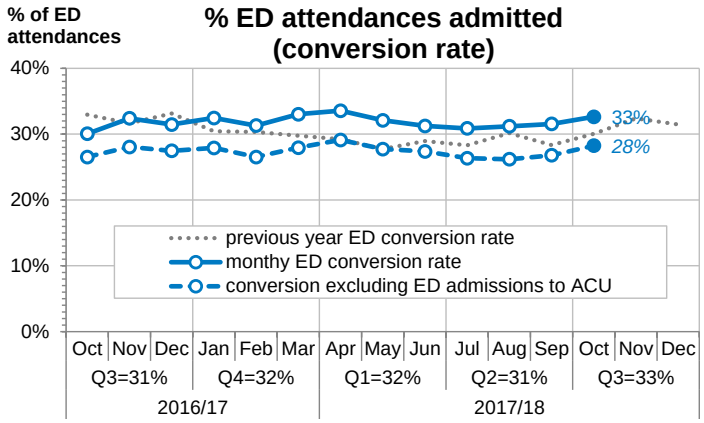


Chart 37

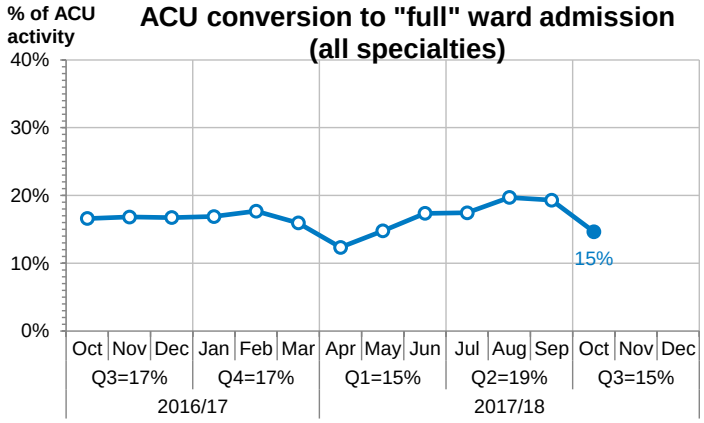


Chart 38

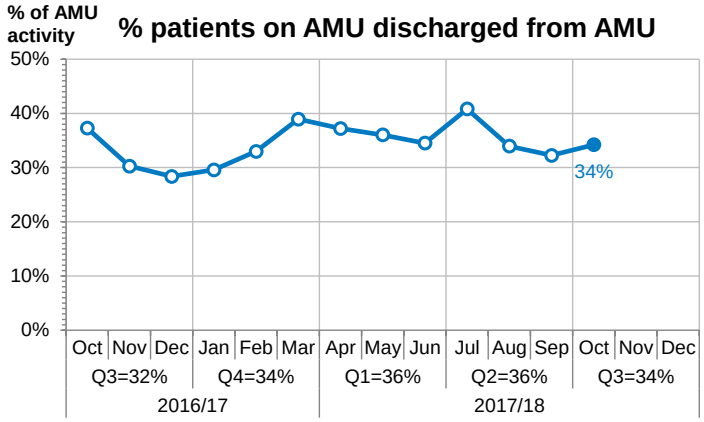


Chart 39

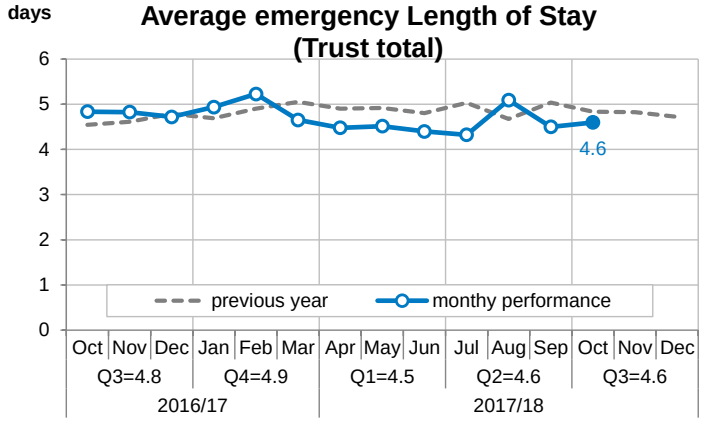
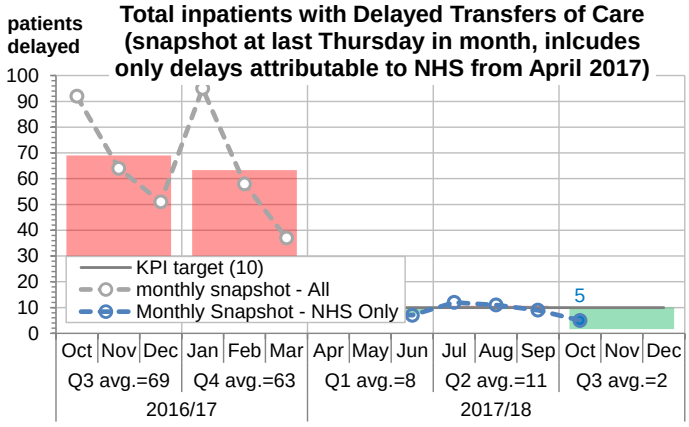


Chart 40



SAFER - is intended to improve the patient journey by ensuring an efficient pathway from admission to discharge by delivering timely appropriate care at the right time in the right place.

Key metrics have been agreed to measure SAFER performance which includes discharges before 12md and 16:30hrs as shown in chart 33 and 34. All wards are invited to attend monthly performance meetings to report compliance against these key metrics and actions plans developed as appropriate.

Chart 41

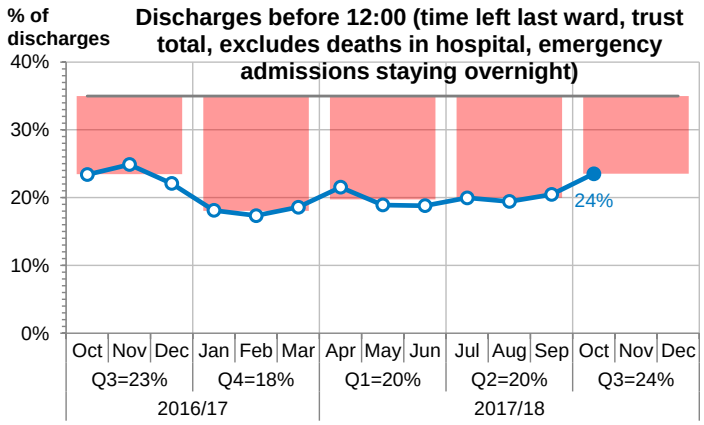
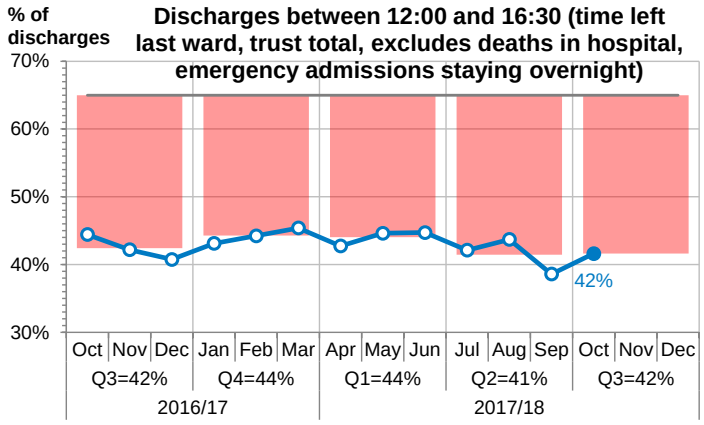
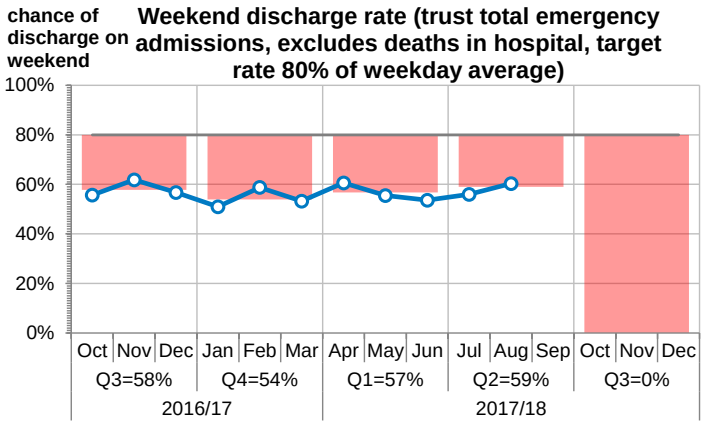


Chart 42



Identifying patients for discharge at the weekend is just as important as weekday discharges to continue flow and create capacity. An action plan has been developed to strengthen roles and responsibilities' of the on call team at weekend in order to ensure robust plans are in place and adhered to.

Chart 43



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Diagnostic tests (6 week wait) 16

Chart 44

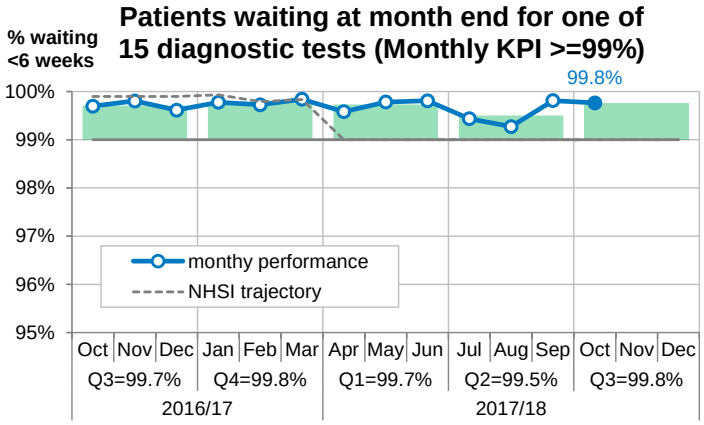

Chart 44 shows performance against the diagnostic standard.

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Cancelled Operations 20

Chart 45

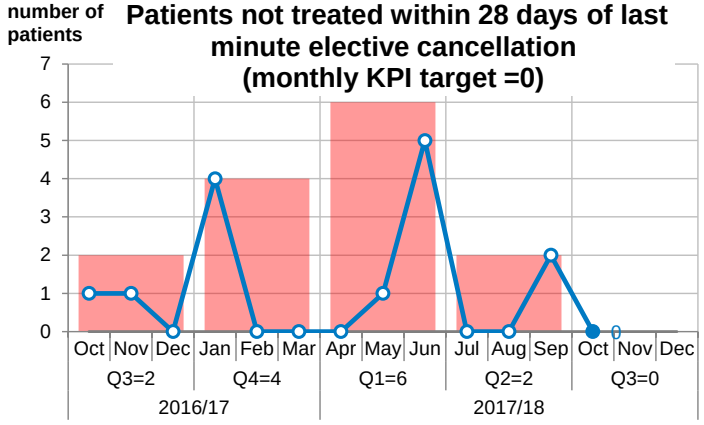

Chart 45 shows 0 breaches of standard in month.

Chart 46

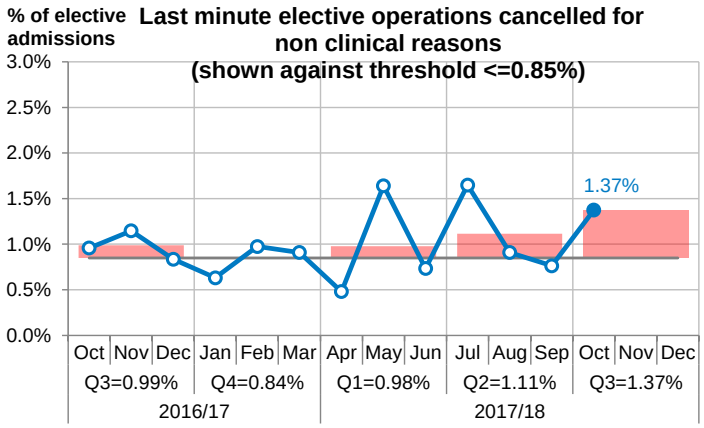

Chart 46 shows performance for last minute elective operations for non-clinical reasons.

In October 45 cancellations were reported on the day for non-clinical reasons.

The specialty with the highest number of cancellations was Orthopaedics with 18 cases cancelled (8 due to lack of theatre time, 5 due to urgent cases taking priority and 4 due to no bed availability).

Overall, the most common reason for cancellation was lack of theatre time (13 cases), followed by no bed availability (7 cases) and urgent cases taking priority (7 cases).

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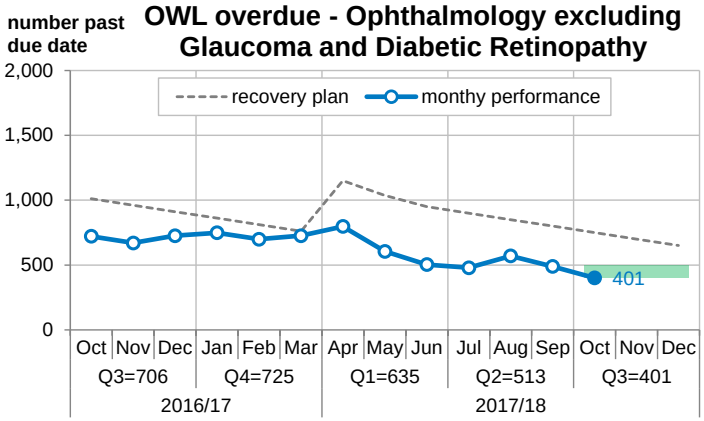
Outpatient Waiting List (OWL) 20

The Outpatient Waiting List (OWL) is where patients are placed when awaiting a future follow up appointment. When capacity and demand are mismatched, the numbers of patients who are overdue their follow up by a certain date will increase and delay these patients.

There are four specialties within the Trust where this is a current problem. This situation is being monitored by the Quality Assurance Committee (a sub-committee of the Board of Directors). This committee requested that the data should be shared with the Board through the Integrated Performance Report.

Chart 47 Ophthalmology OWLs past due date

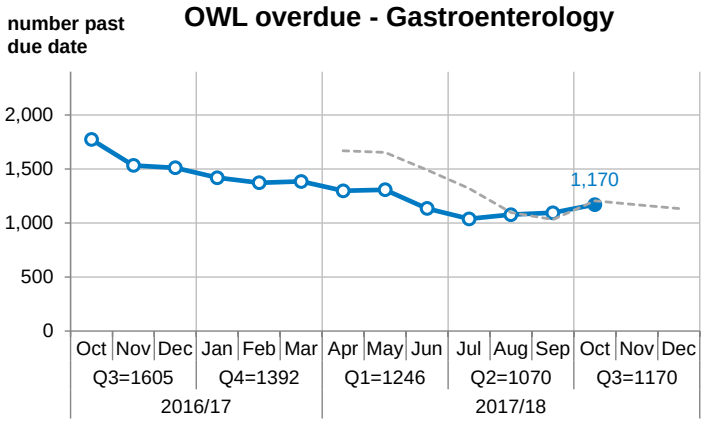


Ophthalmology

Chart 47 shows the number of Ophthalmology patients on the Outpatient waiting list beyond their due date.

Ophthalmology remains ahead of its recovery trajectory. A new Glaucoma practitioner commenced in October providing further clinic capacity.

Chart 48 Gastroenterology OWLs past due date

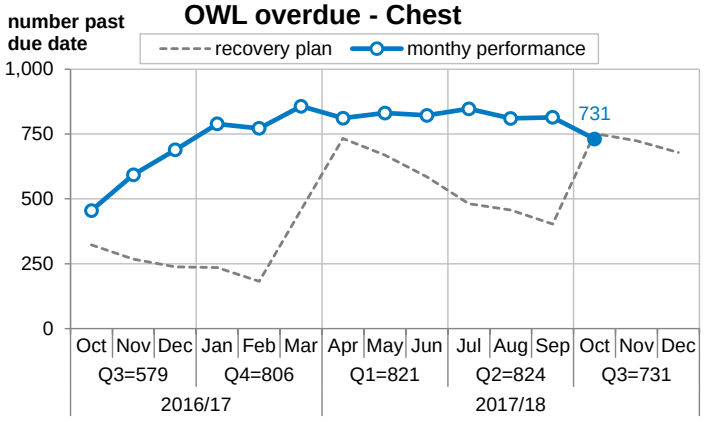


Gastroenterology

Chart 48 shows the number of Gastroenterology patients on the Outpatient waiting list beyond their due date.

Gastroenterology remains on recovery trajectory. A Senior Clinical Fellow commenced in October providing additional clinic capacity.

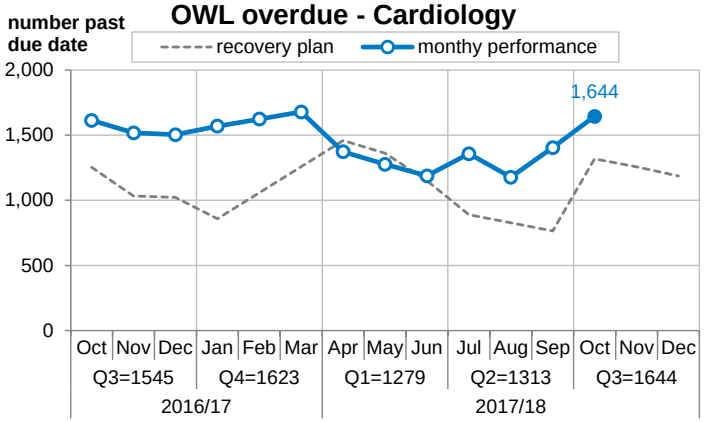
Chart 49 Respiratory Medicine OWLs past due date



Respiratory Medicine

The revised trajectory is being met. 2 substantive Consultant posts were not able to be recruited to in August due to candidates withdrawing their applications. The Trust is engaging with partner Organisations to create a more attractive joint post arrangement in order to secure a robust workforce model.

Chart 50 Cardiology OWLs past due date



Cardiology

Cardiology was adverse to trajectory in October mainly due to a loss of clinical sessions following the appointment of a substantive consultant and the release of a Locum, whose job plan was predominantly clinical sessions. Unfortunately due to a recent resignation, another Consultant gap will occur from December and it is anticipated that this will be filled by a locum.

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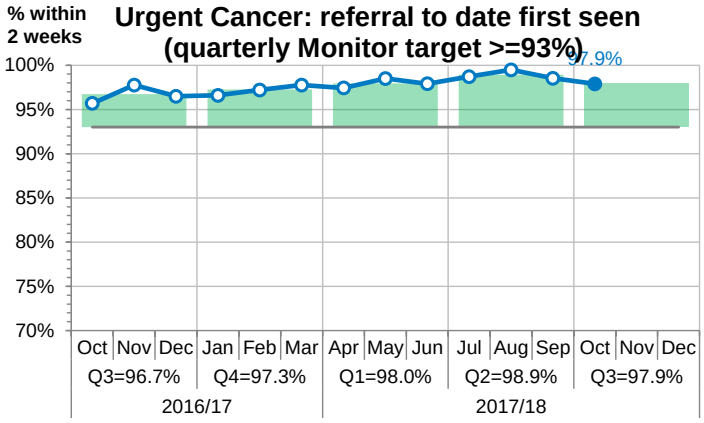
Cancer waiting times M 16

Chart 51



Compliance with the urgent referral standard continues.

Chart 52

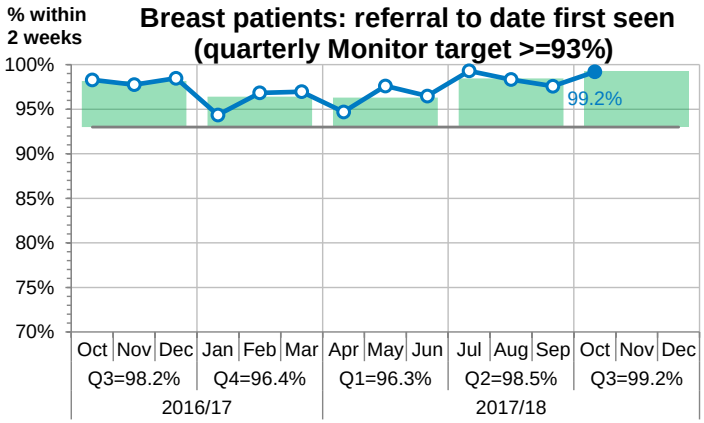


Chart 53

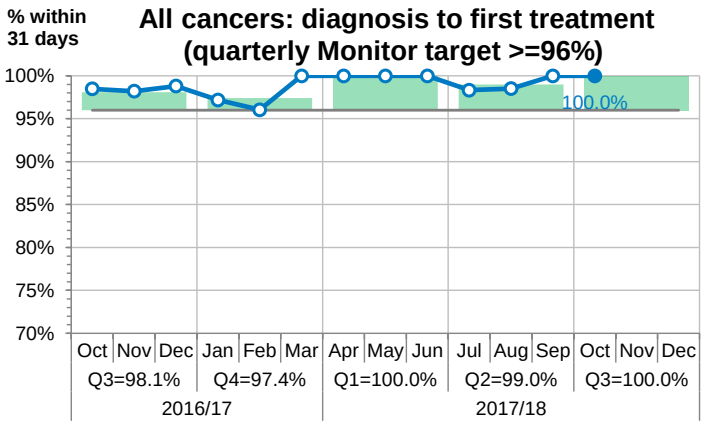


Chart 54

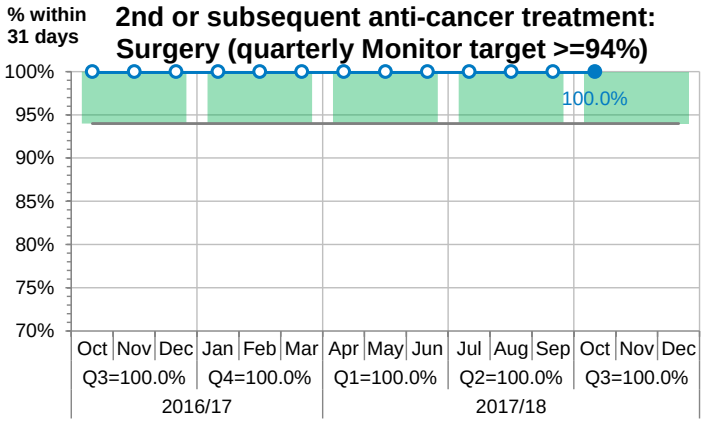


Chart 55

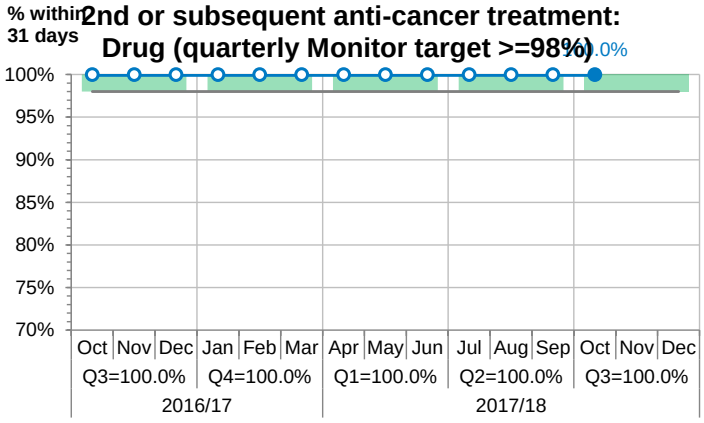


Chart 56

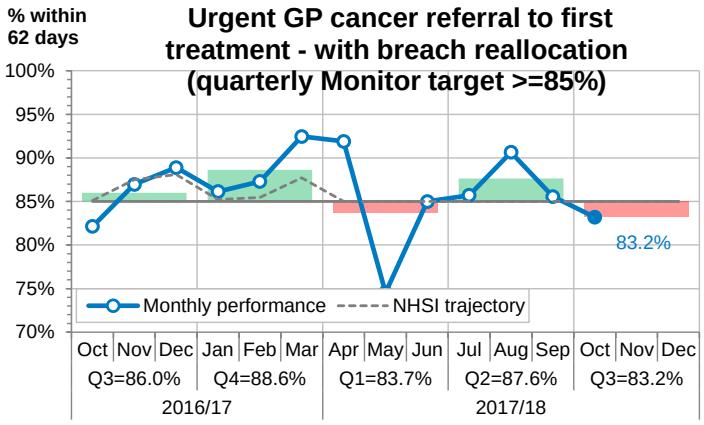


Chart 56 shows performance against the 62 day cancer standard.

The latest position for the month of October is 82.8%.

The performance of the Upper GI pathway has been identified as an area of concern and the SLA with Central Manchester FT is being reviewed with a view to agreeing the earlier transfer of patients, where possible.

A 'straight to test' model for suspected Colorectal cancers is being implemented

Chart 57 GP referral to first treatment with breach reallocation, by tumour group.

Tumour Group (Oct-17 data)	Number of breaches / cases	Performance (85% target)	Monthly trend
Upper GI	3 / 8	63%	
Colorectal	2 / 8.5	76%	
Haematology	2 / 5	60%	
Gynaecology	2 / 4	50%	
Urology	1 / 19	95%	
Breast	0 / 10.5	100%	
Head & Neck	0 / 1.5	100%	
Lung	0 / 1.5	100%	

Chart 57 shows performance against the 62 day standard by tumour group.

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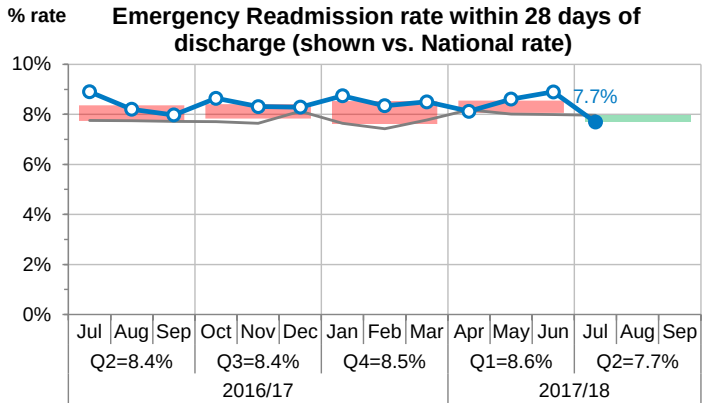
Emergency Readmissions

Chart 58



Data source: CHKS / Health and Social Care Information Centre

Chart 58 shows the Emergency Readmission rate within 28 days of discharge.

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Financial Performance

Chart 59

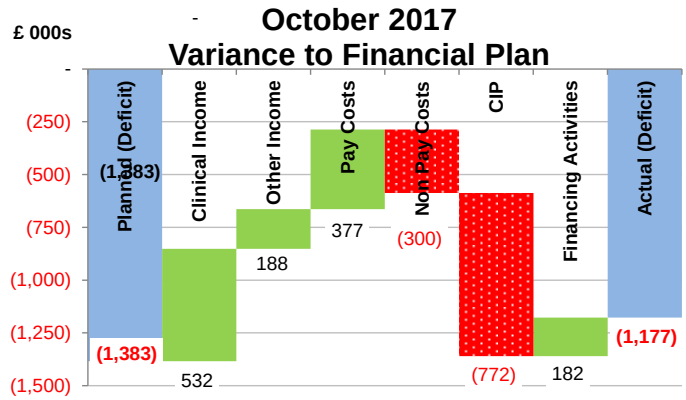


Chart 60

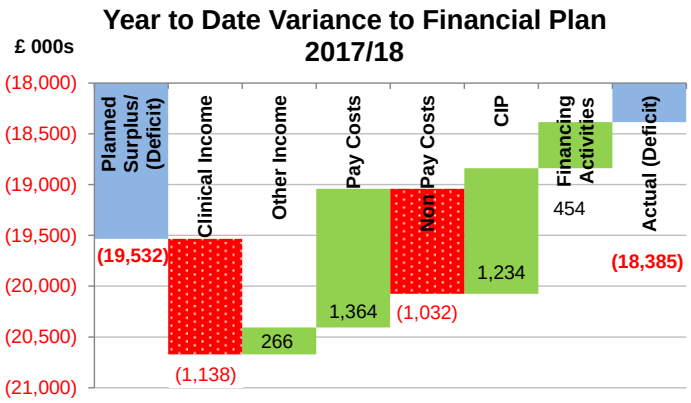
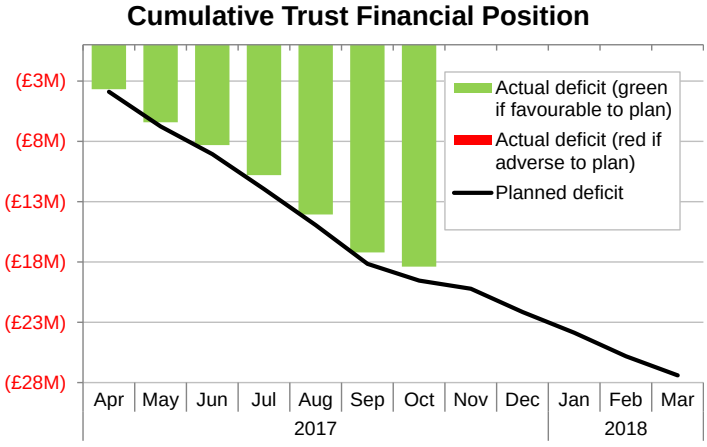


Chart 61



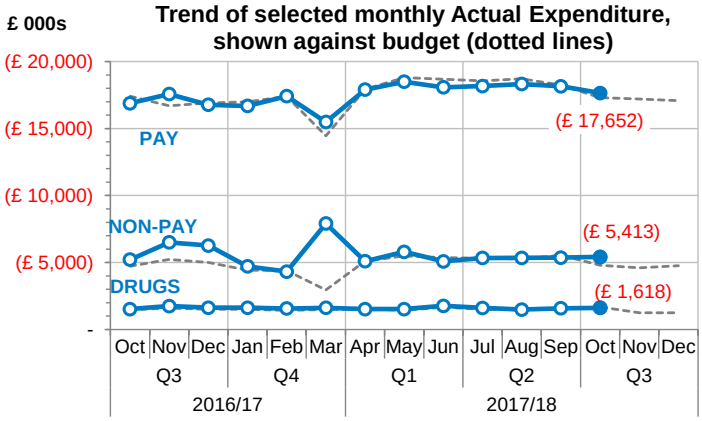
In the seven months so far this financial year the Trust has lost £18.4m. The planned deficit was £19.6m so this is £1.1m favourable to plan. The average loss per day is £86,000 to the end of October.

The overall variance from plan to date continues to be driven by:

- In-year CIP ahead of the profiled plan to date (£1.2m favourable), a deterioration of £0.8m from last month as the target is now catching up with the savings transacted to date.
- Extra Sustainability and Transformation Fund (STF) received in relation to 2016/17 (£0.4m favourable)
- Whilst elective theatre lists are delivering activity more efficiently, the overall clinical income performance is behind plan excluding CIP and STF above (£1.0m adverse).
- As the capital plan remains behind plan, the costs linked to capital financing are a saving to the Trust (£0.5m favourable).

CIP is £1.2m ahead of plan; £4.6m (31%) was expected by this stage in the year when £5.8m (39%) has been transacted. £9.5m (63%) of the £15.0m annual saving has been achieved. As anticipated, the favourable CIP variance has deteriorated in month as the expected profile of savings increases significantly for the second half of the year. **Recurrent CIP has increased in month to £5.9m (39%), of which theatre productivity represents £2.4m of the total recurrent CIP.** This remains as a risk as although efficiency has improved in some specialties, the overall volume of lists required to meet the plan is not being delivered and this impacts on the medium term financial plans of the Trust.

Chart 62



Pay budgets are underspent to date excluding CIP by £1.4m, as the Trust level of vacancies remains high. Agency expenditure to date is £7.8m, but the agency cost is offset by vacancies not covered mainly in the non-clinical areas of the Trust. Bank and agency costs including NHS Professionals, internal locums and waiting list initiative payments total £15.7m and represent 12% of overall pay expenditure.

Non-pay is overspent by £1.0m excluding CIP, which includes £0.9m of out-sourcing costs for surgical specialties and outsourced radiology reporting. The areas where outsourcing is used is part of efficiency CIP plans and therefore has a double impact as CIP is not being delivered. In radiology this is linked to shortfalls in recruitment.

The Trust has now received written agreement from Stockport CCG that financial penalties for failure to deliver national access targets will be re-invested as part of the recovery plan in 2017/18, so sanctions from the lead commissioner have been excluded from the financial position. This has caused an in month favourable variance of £0.7m, so there is no adverse variance from plan for penalties to date.

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Capital Programme

Chart 63

Description	Plan 2017/18 Year	Month 7 - YTD October 2017/18 Plan	Actual	Variance	Full Year Forecast Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Healthier Together Schemes						
ED Resus Expansion	2,400	1,725	109	1,616	304	2,096
Ward Refurbishments	1,200	330	52	278	60	1,140
Endoscopy Building	250	250	-	250	15	235
Equipment - Critical Care & IT	280	280	-	280	-	280
	4,130	2,585	161	2,424	379	3,751
Internally Funded Schemes						
Equipment						
Endoscopy	250	250	-	250	250	-
Diagnostics	1,139	409	537	(128)	1,672	(533)
Surgery and Critical Care	848	552	487	65	887	(39)
Other Medical Equipment	812	363	105	258	515	297
Estates and Facilities Equipment	610	415	36	379	256	354
	3,659	1,989	1,165	824	3,580	79
Information Management & Technology						
Wireless Network	650	487	102	385	123	527
Hardware for Electronic Patient Records (EPR)	380	315	177	138	245	135
Software for EPR - Interfaces & Voice Recognition	590	217	9	208	275	315
Other Hardware	910	729	345	384	975	(65)
Other Software	120	-	30	(30)	201	(81)
Aspen House Server Room		-	1	(1)	59	(59)
	2,650	1,748	664	1,084	1,878	772
Estates						
Backlog Maintenance	335	160	115	45	407	(72)
Non Backlog Maintenance	500	280	460	(180)	1,239	(739)
Other Projects	863	430	96	334	95	768
	1,698	870	671	199	1,742	(44)
Revenue to Capital	-	-	70	(70)	174	(174)
Capital Expenditure Plan (excluding finance leases)	**12,137**	**7,192**	**2,731**	**4,461**	**7,753**	**4,384**
Specific Finance Leases						
Acute EPR - Intersystems - Capital repayments	1,422	1,006	1,006	0	1,724	(302)
Community EPR - EMIS- Capital repayments	68	40	40	(0)	68	-
Pathology - Point of Care Testing				-	15	(15)
	1,490	1,046	1,046	0	1,807	(317)
Capital Expenditure Plan (incl. finance leases)	**13,627**	**8,238**	**3,776**	**4,462**	**9,560**	**4,067**

Capital costs of £3.8m have been incurred to date against a plan of £8.2m and so is £4.5m behind plan. This is due to a delay in the commencement of schemes linked to Healthier Together of £2.4m and planned spend for 2017/18 being brought forward at the end of 2016/17 mainly in IT which is £1.1m behind plan. Internal equipment purchases are also behind plan by £0.8m.

The full funding of Healthier Together schemes is crucial to the delivery of the capital programme but is reliant on external parties and their approval processes and are currently being validated at a detailed level by the Greater Manchester Devolution Team (GM Devo). The process has taken much longer than envisaged as Central Government approvals were delayed. The Trust is presently waiting for GM clearances to commence work once funding is confirmed.

The capital forecast has now been updated to include the expected delay in Healthier Together spend, and shows a forecast underspend of £4.1m at the year end. When confirmation of funding is received the lead time for project commencement and the project time plan for these major capital investments means that they will be unlikely to start in this financial year.

Cost Improvement Programme 20 M

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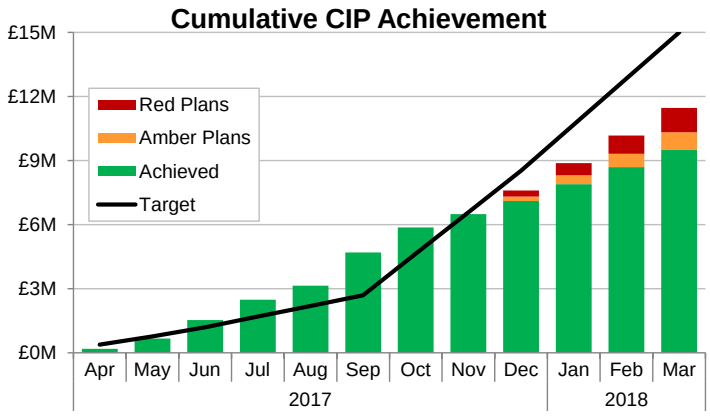
Chart 64



To the end of October £5.8m of CIP has been actioned towards the year-to date target of £4.6, so is £1.2m ahead of plan. £9.5m (63%) of the £15.0m annual saving has been achieved. Recurrent CIP has increased in month to £5.9m (39%), of which theatre productivity represents £2.4m of the total recurrent CIP. This remains as a risk as although efficiency has improved in some specialties, the overall volume of lists required to meet the plan is not being delivered.

Overall delivery of full year CIP savings of £15.0m is required to achieve the planned deficit of £27.4m but at present recurrent delivery is low. **This is a significant concern as it does not support the Trust's drive to return to financial balance in the medium term, as a further £15m of recurrent CIP is required in 2018/19, in addition to delivery of the full £15m recurrently in 2017/18.**

Financial Use of Resources Rating

Chart 65

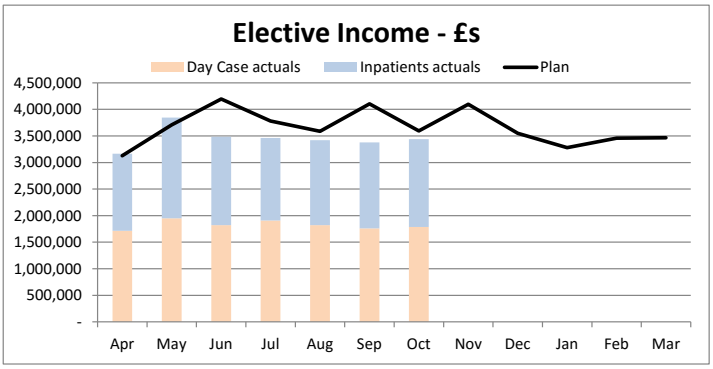
Finance & Use of Resources Metrics		Rating	Trigger Override	Excellent 1	2	3	Poor 4	Weight	Weighted score
Financial sustainability	Capital service cover	4	Yes	2.50	1.75	1.25	< 1.25	20%	0.8
Financial sustainability	Liquidity (days)	3	No	0	-7	-14	< -14	20%	0.4
Financial efficiency	I&E margin (%)	4	Yes	1.0%	0.0%	-1.0%	<-1.0%	20%	0.8
Financial controls	Distance from financial plan (%)	1	No	0.0%	-1.0%	-2.0%	<-2.0%	20%	0.2
Financial controls	Agency spend	2	No	< 0%	0%	25%	50%	20%	0.4
Finance Use of Resource Metric (UOR) - Calculated									**3**
OVERRIDE TRIGGERED?			Yes						Yes
Finance Use of Resource Metric (UOR) - Final Reportable									**3**

The Trust's Use of Resources (UOR) score under the Single Oversight Framework is a 3, classified by NHSI as triggering significant concerns. The Trust's operational plan for 2017/18 predicted a score of 3 for October 2017 and our actual performance is in line with this.

For the Trust's overall score to improve to a 2 the planned financial deficit would need to improve by £24.7m to a deficit of £2.7m (within 1% of planned operating income).

Elective Income vs. Plan

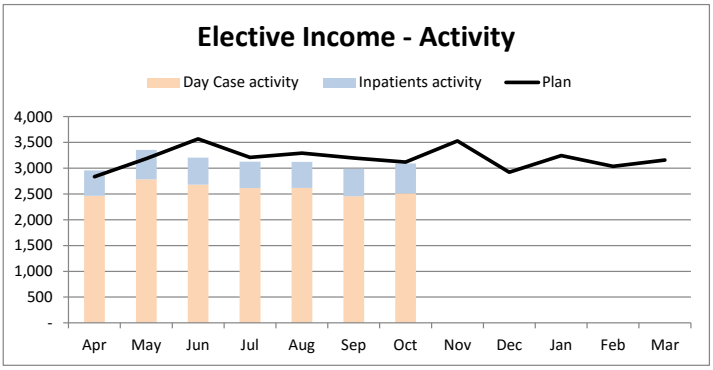
Chart 66



Elective income has deteriorated again in month by £0.2m, and is £1.9m behind plan after the target has been increased for CIP. Compared to forecast the Surgery business group's recovery plan is 28 cases ahead, but the recovery trajectory does not bring income in line with plan.

Inpatient income is currently behind plan by £1.4m, and day case activity is £0.5m adverse. The Trust has spent £1.3m on waiting list initiatives and £0.9m on out-sourcing in seven months, but this is not solely on elective work and includes out-sourced radiology reporting.

Chart 67

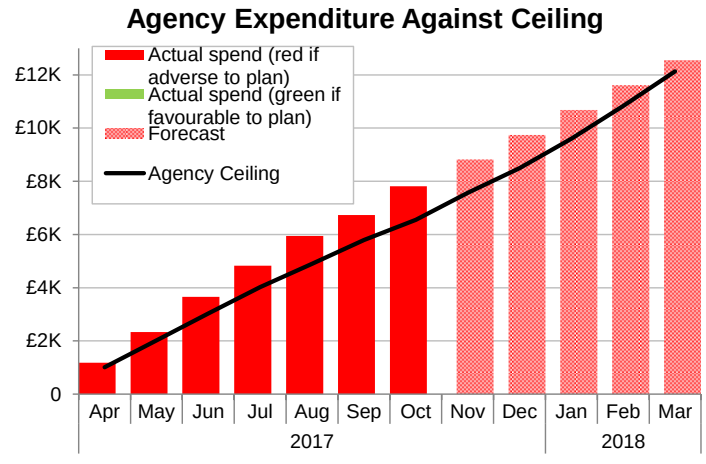


Elective activity continues to the main contributor to this deficit year, with activity 1,359 spells below planned levels. Both day case and inpatient activity is below plan by 855 and 504 spells respectively. As a result, the overall elective income is £1.9m adverse to plan.

The focus this month has centred on recovery plans and close monitoring of actions required to ensure delivery. The Surgery business group have undertaken a detailed review of expected elective activity until the end of the financial year and the forecast year-end recovery plan is dependent on delivering this level of activity. A weekly recovery plan meeting tracks progress in each specialty and alongside this progress is also tracked at the weekly Patient Tracking List (PTL) meeting and the 6-4-2 theatre scheduling meeting. During October, the business group overachieved against the forecast activity for the month by 28 spells. This close scrutiny will continue over the remainder of the financial year.

Agency Ceiling

Chart 68



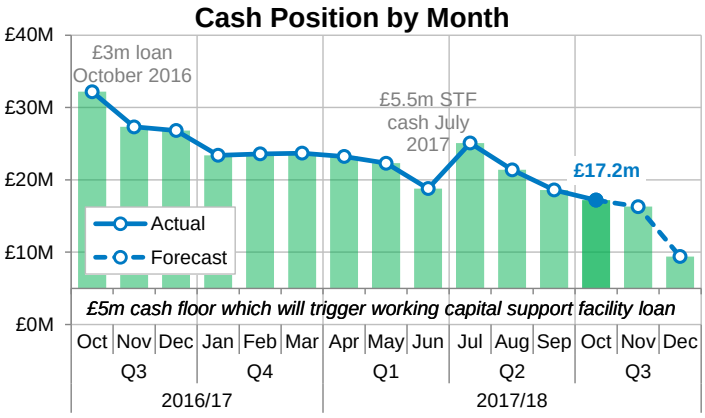
Agency costs to date are £7.8m, which represents 6% of total pay costs. This is in excess of the profiled NHSI agency ceiling to date by £1.3m.

Agency costs for medical staffing are £5.6m to October 2017, which is 72% of all agency costs and highlights that the Medicine and Integrated Care business groups' reliance on agency medical staff is a key driver for breaching the NHSI ceiling to date.

NHSI's national team are now providing targeted support to the Trust, focusing on the highest cost agency staff and working to reduce this premium rate cost.

Cash

Chart 69

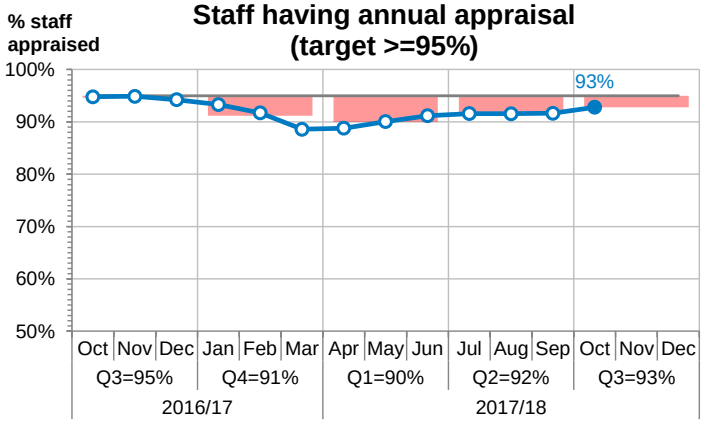


Cash in the bank on 31st October 2017 was £17.2m, which is £1.4m less than last month and £12m better than planned. Receipt of STF relating to 2016/17 is £6.2m higher than included in the agreed plan for this year, so is a key driver for the higher than expected cash balance. In addition the capital programme is £4.5m behind plan.

The cash position is carefully managed and the requirement for a working capital support facility loan will fall into Q4. This is contingent on delivery of the Trust recovery plan including CIP and business group spend improvements, and the Trust's ability to contain the potential winter pressures ahead.

Workforce Appraisals

Chart 70

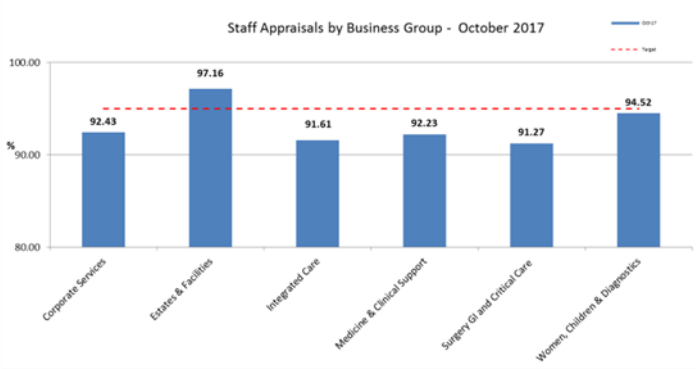


The Trust's total appraisal compliance for October 2017 is 92.78%.

The learning & development team has a particular focus on data validation processes which has resulted in a 1% increase in a five day period; it is therefore anticipated that the continuing focus and support for business groups will continue with this trajectory and achieve the aim of 95% by December.

The learning & development team have supported business groups with the development and implementation of action plans to improve performance; an improvement which has been demonstrated month on month.

Chart 71



The future area of increased support will be on areas 90% and below, to ensure that action plans are in place and support has been identified to deliver an improved position.

Chart 72

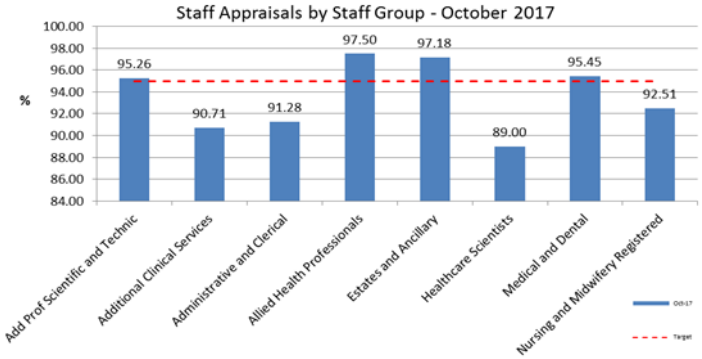
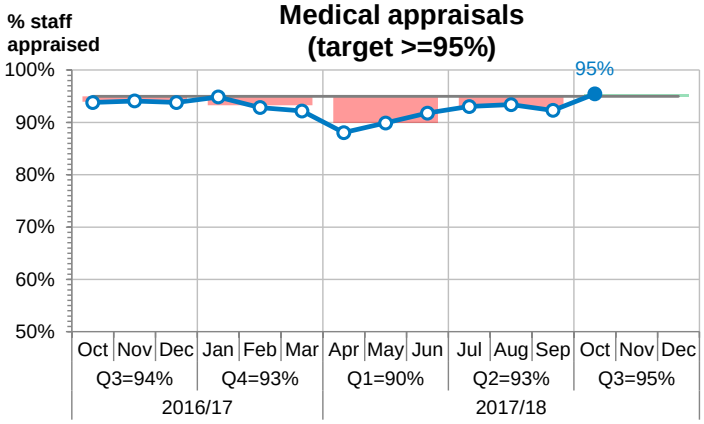


Chart 73



The medical appraisal rate for October 2017 is 95.45%, an increase of 3.14% from September 2017 (92.31%) and above the Trust target of 95%.

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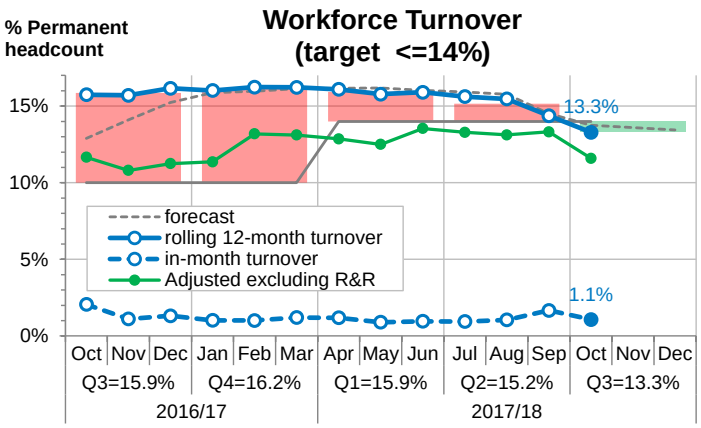
Workforce Turnover

Chart 74



The Trust's turnover figure is reported and compared nationally as an unadjusted figure, meaning that the data includes retire and return employees and TUPE transfers out of the organisation. The Trust target of 13.94% is based on the national average turnover rate for medium size Foundation Trusts in 2016/17.

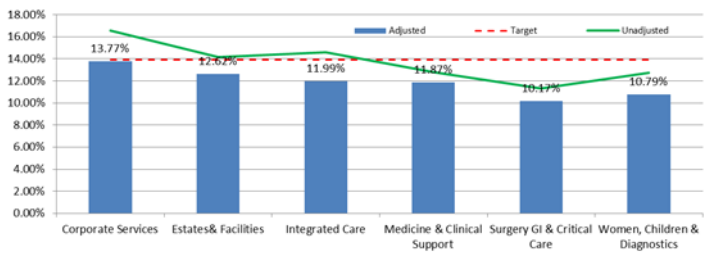
The rolling 12-month permanent headcount unadjusted turnover figure at the end of October 2017 is 13.29%. For comparison the turnover rate in October 2016 was 15.74%.

The adjusted rolling 12 month permanent headcount turnover figure in the period November 2016 to October 2017 is 11.59%. This is a decrease of 1.73% compared to the September 2017 figure of 13.32%. The top three leaving reasons are: Relocation 2.30%, Retirement 2.22% and Promotion 1.69%.

Corporate Services has the highest turnover rate at 16.54%, but the adjusted turnover brings this figure down to 13.77%. The three highest leaving reasons in Corporate Services are: Retirement at 3.39% and Promotion at 3.18%; and Work Life Balance at 2.33%. Work to understand the work life balance issue is underway and appropriate action to address any development areas identified.

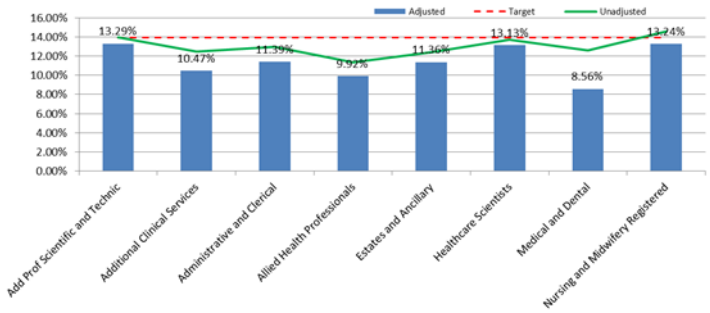
Of the adjusted permanent headcount leavers from November 2016 to October 2017; 38.52% have no further employment linked to retirement (44%) and work life balance/dependents (19%), and 31.64% have moved to other NHS organisations of which 26% are within Greater Manchester.

Chart 75



The Registered Nursing & Midwifery adjusted turnover has seen a decrease from the previous month, which takes them below the Trust target. This is also an improved position (1.54% reduction) in comparison to the same time last year.

Chart 76



Workforce Efficiency

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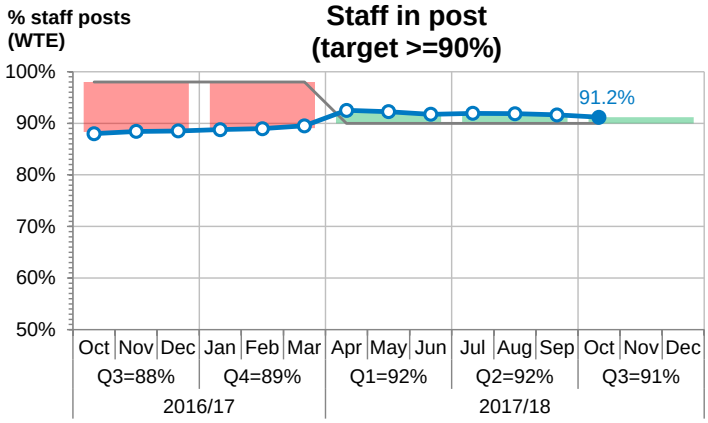
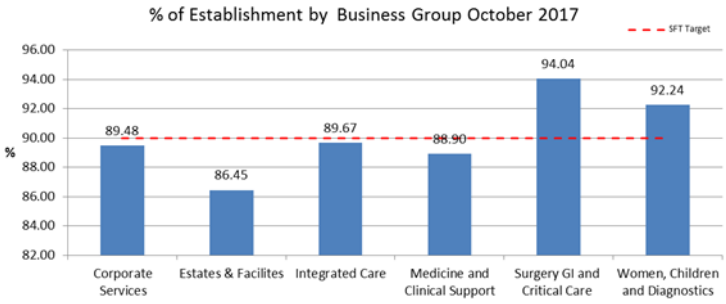
Chart 77



The Trust staff in post figure for October 2017 is 91.16% of the establishment, which is a decrease of 0.46% from 91.62% in September 2017.

Corporate Services, Estates & Facilities, Medicine & Clinical Support, and Integrated Care all fall below the '90% Staff In Post target'. Estates & Facilities have the highest percentage vacancy rate at 13.55% (52.80 FTE vacancies). Further analysis is being undertaken to understand the reason for this. There are 36 posts within E&F at various stages of the recruitment process.

Chart 78



Registered Nursing and Midwifery have the highest number of vacancies at 178.67 FTE, (a decrease from 207.65 FTE in September 2017), equating to 11.14% of the establishment for that staff group. Add Prof Scientific and Technical staff is slightly over established at 103.8% attributed to Surgical, GI and Critical Care Business Group.

Chart 79

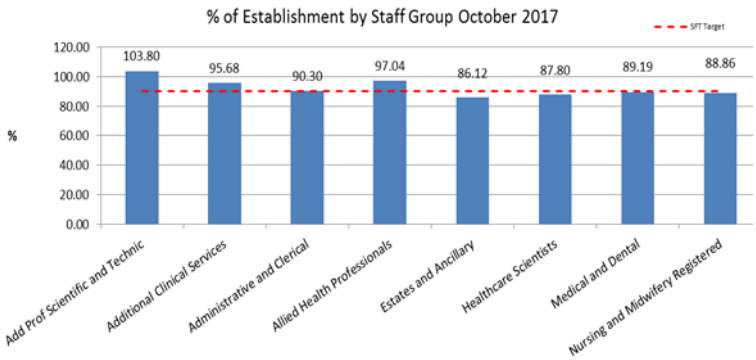


Chart 80

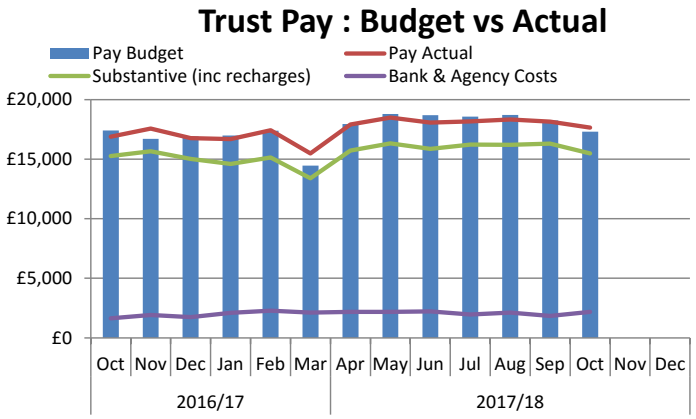


Chart 81

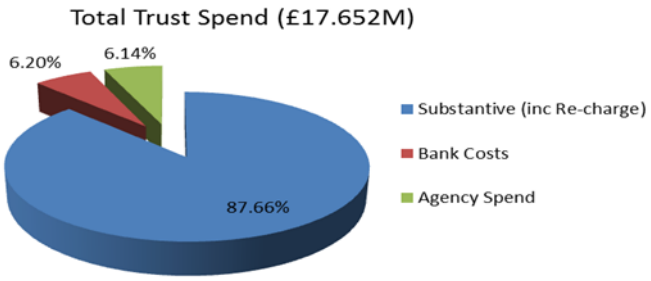


Chart 82

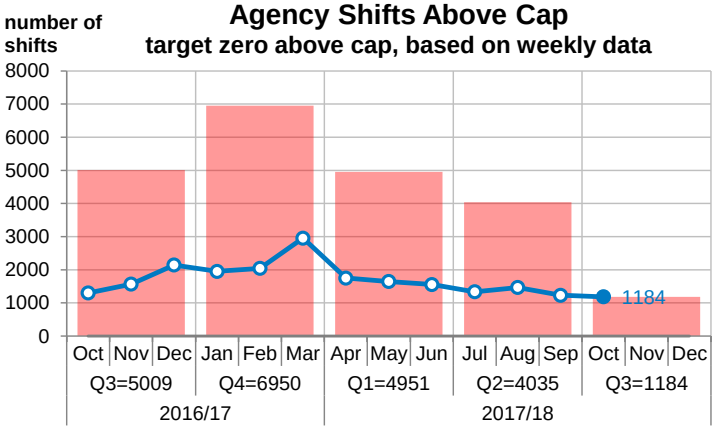
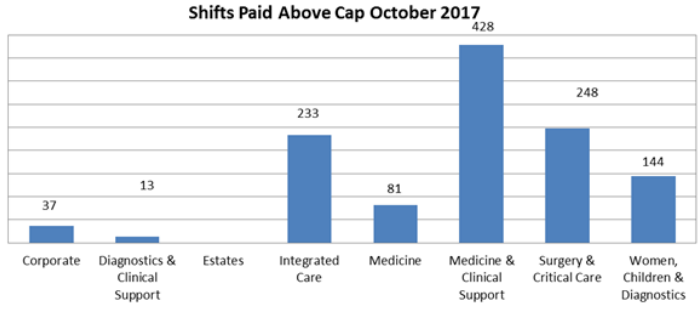


Chart 83



The total pay spend in October 2017 was £15.474M, excluding bank and agency spend (details overleaf). This is a decrease of £836K compared to September 2017.

Total spend, including bank and agency, equates to £17.652M, which is £345K over the total pay budget for the month.

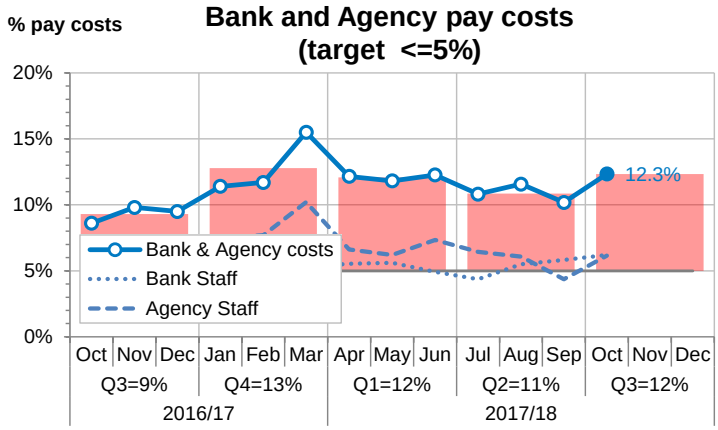
The total spend on bank staff in October 2017 was £1.09M, which is 6.20% of the total pay spend. Agency spend was 6.14% of total pay expenditure, a figure of £1.08M.

There were a total of 1,184 agency shifts paid above cap in the 4 week period from 2nd to 29th October. This is a decrease of 48 shifts compared to the previous month's figures. There was a reduction in NHSP and medical shifts of 25 and 8 respectively. Over the last 6 months, the weekly average number of shifts above cap has reduced from 411 to 296 and reflects the significant amount of work that has been undertaken in this area.

The number of shifts worked via a non-framework agency has also reduced considerably to on average 2 shifts per week. Use of non-framework agencies is strictly governed and by exception only.

Recruitment to the medical bank continues and the advert will be regularly refreshed to attract new workers. Work has also begun on ways to reduce the highest paid agency workers, following discussions with NHSI.

Chart 84



Bank and agency costs in month (October 2017) account for 12.34% (£2.18M) of the £17.65M total pay costs. This is an increase of 2.13% from the position reported in September (£1.85M).

The Medicine & CS Business Group bank and agency spend has increased from £0.75M in September 2017 to £0.84M in October 2017, and continues to have the highest spend on bank and agency equating to 24.05% of the Trust overall bank and agency spend and 4.74% of the Trust total pay bill. This relates to a high number of vacancies within Medical and Nursing.

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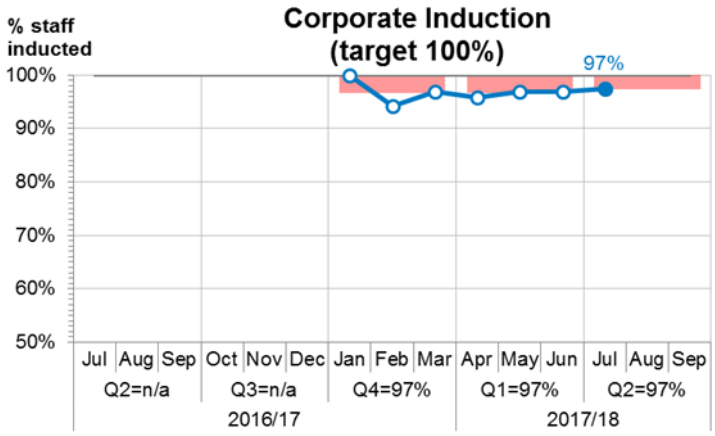
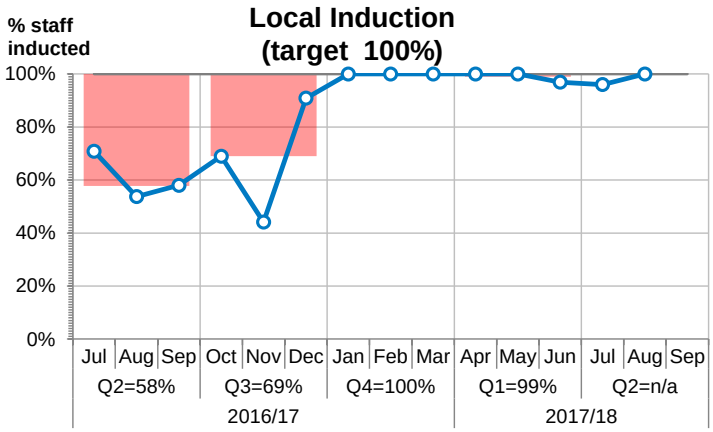
Workforce Induction

Chart 85



Due to technical issues, data for Corporate welcome and local induction is not available for October at the time of writing.

Chart 86



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Staff Engagement

To be developed

Sickness Absence

Chart 86

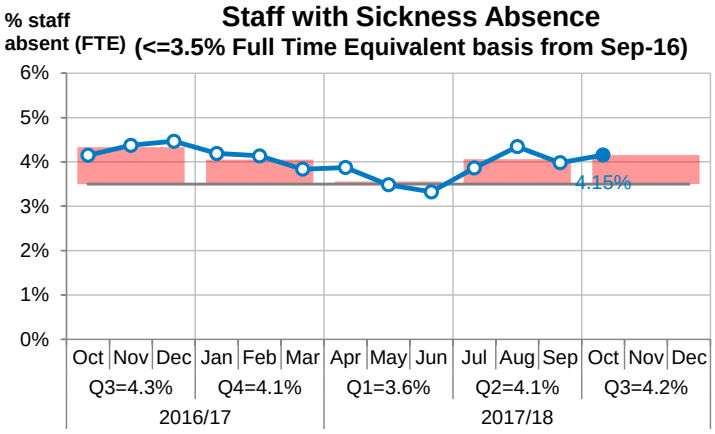


Chart 87

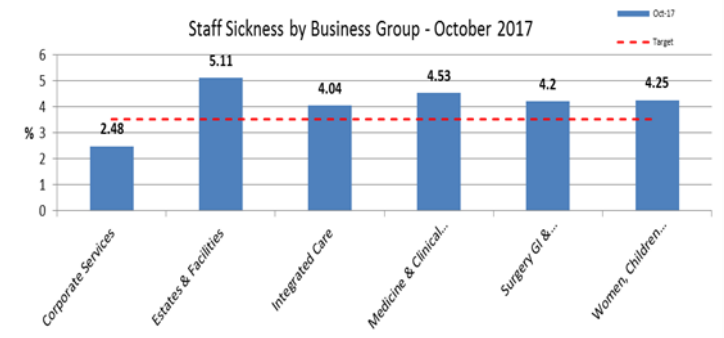
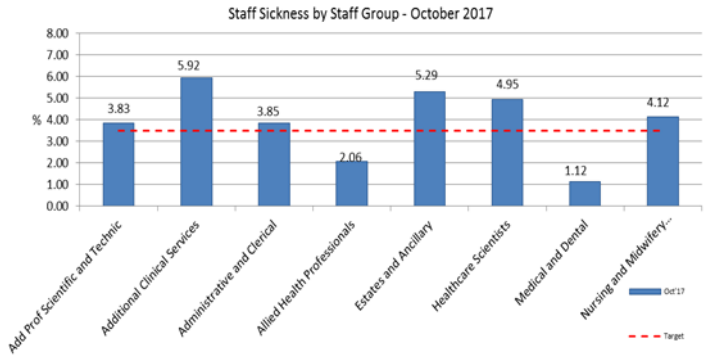


Chart 88



The in-month unadjusted sickness absence figure for October 2017 is 4.15%; an increase of 0.17% compared to the previous month. The sickness rate for comparison in October 2016 was also 4.15%.

The unadjusted cost of sickness absence in October 2017 is £444,429, up £39,602 from the adjusted figure of £404,827 in September 2017. This does not include the cost to cover the sickness absence.

Whilst the top three reasons for absence in October 2017 have remained the same as previous months; Stress at 33.7% (a 1.28% decrease from September 2017), Musculoskeletal Problems including injury/fracture at 22.8% (a 2.29% decrease from September 2017), and cough/ cold/ influenza/ asthma at 10.43% (a 3.01% increase compared to September 2017). The increase for coughs and colds by 3% is significant.

All Business Groups are above the 3.5% target in October 2017 with the exception of Corporate Services. Women, Children & Families has seen the highest increase of 0.41% from the previous month followed by Integrated Care and Medicine &CS, both with an increase of 0.26% on the previous month. The 12-month rolling sickness percentage for the period November 2016 to October 2017 is 4.0%.

The unadjusted short term sickness for November 2016 to October 2017 is 1.35%, which is an increase of 0.21% on the adjusted short term sickness figure reported last month. The long term sickness for November 2016 to October 2017 is 2.64% which is a decrease of 0.18%on the adjusted long term sickness figure reported last month.

Estates and Facilities Business Group has the highest sickness rate at 5.11% (1.61% above the 3.5% target) in October 2017. The two highest reasons given are musculoskeletal/back/injury problems at 1.77% and stress at 0.96%. Sickness is being managed in line with the Attendance Management Policy. There are monthly meetings with E&F managers to discuss the KPIs compliance and action plans to achieve improved positions.

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Essentials Training

Chart 89

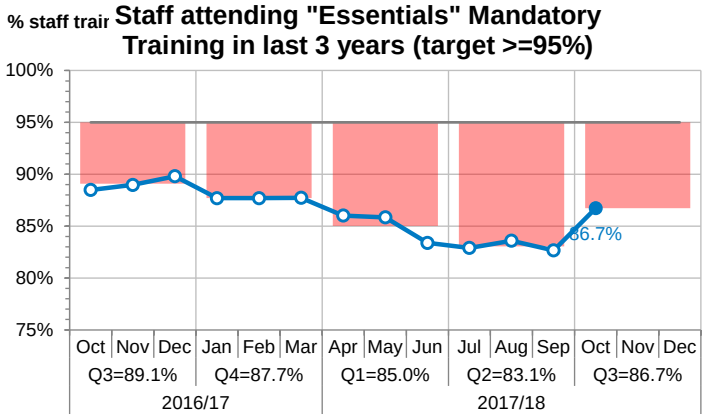
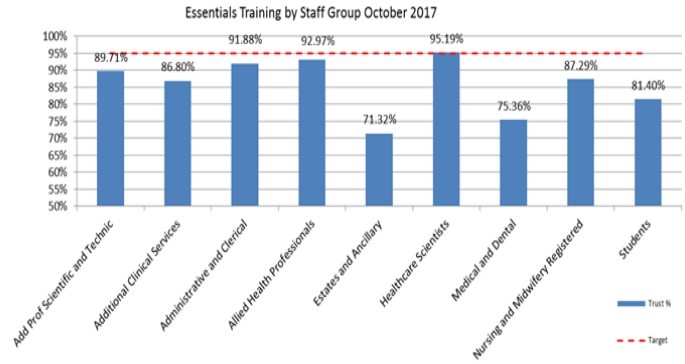


Chart 86

Chart 87



The essentials training compliance is 86.74% for October 17 a significantly improved position from September, which is attributed to a focused effort by the e-learning specialist which has been underpinned by improved data validation.

It is expected that this upturn in performance will continue towards the achievement of this target and further improvements will be seen as a result of the refreshed training matrix. The Statutory and Mandatory training matrix was launched on 8th November supported by new e-learning packages; which is receiving positive feedback.

The training report had been amended to reflect the statutory and mandatory topics for all staff. Going forward the report will be called statutory and mandatory as opposed to essentials

The essential to role matrix is out for consultation and will be launched by the end of November.

E-learning clinics continue and are offered on a weekly basis and week day telephone support is available.

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Flu Campaign

Chart 92

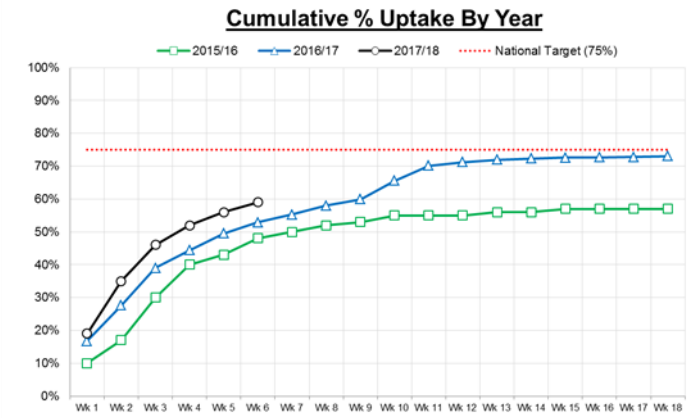


Chart 93

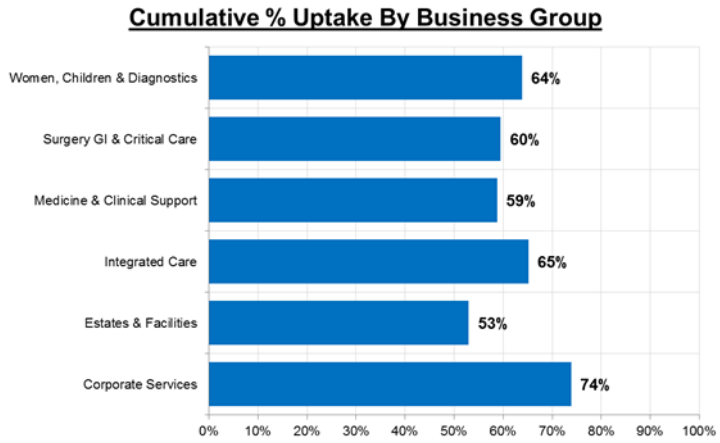
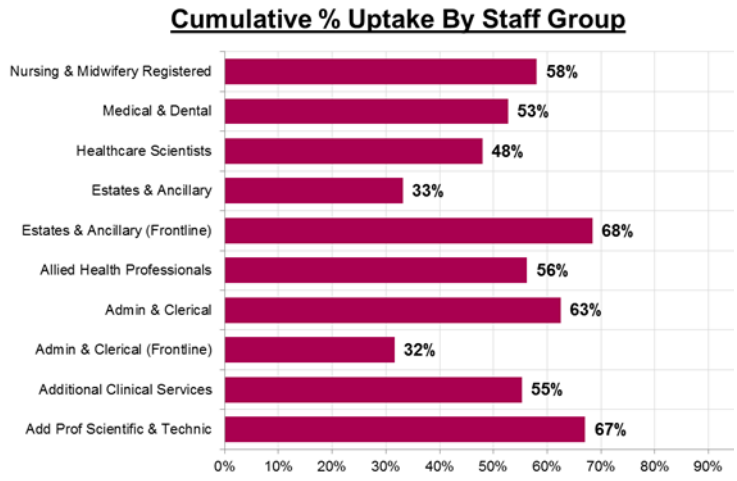


Chart 94



These figures are based on flu forms returned by the link nurses and data entered in the relevant flu week by Occupational Health.

As at week 6 ending 12th November 2017, 59% of the Trust staff have received the flu vaccine, which is 16% short of the Trust overall target. This equates to a further 785 staff requiring the flu vaccination.

Integrated Performance Report
Financial Table

Stockport NHS
NHS Foundation Trust

Income and Expenditure Statement	Trust Annual Plan	Year to Date		
		Plan	Actual	Variance
	£k	£k	£k	£k
INCOME				
Elective	43,531	25,856	23,964	(1,891)
Non Elective	80,046	45,633	45,991	358
Outpatient	31,591	18,473	18,504	32
A&E	13,048	7,671	7,640	(30)
Community Services	28,509	18,693	18,818	125
Non-tariff income	54,584	31,392	31,676	284
Clinical Income from Patient Care Activities	**251,309**	**147,718**	**146,594**	**(1,124)**
Private Patients	55	32	122	90
Other Non-NHS Clinical Income	917	535	431	(104)
Other Clinical Income	**972**	**567**	**553**	**(14)**
Research & Development	485	283	268	(15)
Education and Training	6,957	4,111	4,221	110
Stockport Pharmaceuticals/RQC	5,462	3,204	3,173	(31)
Other income	13,638	8,703	9,881	1,178
Other Income	**26,543**	**16,302**	**17,544**	**1,243**
TOTAL INCOME	**278,824**	**164,586**	**164,691**	**105**
EXPENDITURE				
Pay Costs	(213,982)	(128,247)	(126,766)	1,481
Drugs	(17,062)	(10,817)	(11,126)	(309)
Clinical Supplies & services	(21,633)	(13,211)	(13,208)	3
Other Non Pay Costs	(38,490)	(23,657)	(24,243)	(586)
TOTAL COSTS	**(291,166)**	**(175,931)**	**(175,343)**	**589**
EBITDA	**(12,342)**	**(11,345)**	**(10,652)**	**693**
Depreciation	(9,982)	(5,427)	(5,015)	412
Interest Receivable	63	36	27	(9)
Interest Payable	(1,003)	(514)	(510)	4
Other Non-Operating Expenses	-	-	-	-
Fixed Asset Impairment Reversal	-	-	-	-
Unwinding of Discount	(30)	-	-	-
Profit/(Loss) on disposal of fixed assets	-	-	3	3
Donations of cash for PPE	-	-	-	-
PDC Dividend	(4,105)	(2,282)	(2,238)	44
RETAINED SURPLUS / (DEFICIT) FOR PERIOD	**(27,400)**	**(19,532)**	**(18,385)**	**1,147**

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Stockport NHS
NHS Foundation Trust

Report to:	Council of Governors	**Date:**	6 December 2017
Subject:	Appointment of Lead Governor		
Report of:	Director of Corporate Affairs	**Prepared by:**	P Buckingham

REPORT FOR APPROVAL

Corporate objective ref:	N/A	**Summary of Report** *Identify key facts, risks and implications associated with the report content.* The purpose of this report is to facilitate appointment of a Lead Governor by the Council of Governors.
Board Assurance Framework ref:	N/A	
CQC Registration Standards ref:	N/A	
Equality Impact Assessment:	☐ Completed X Not required	

Attachments:	Annex A – Supporting Statements of Prospective Lead Governors Annex B – Lead Governor Role Specification

This subject has previously been reported to:	☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☐ Quality Assurance Committee ☐ F&P Committee	☐ PP Committee ☐ SD Committee ☐ Charitable Funds Committee ☐ Nominations Committee ☐ Remuneration Committee ☐ Joint Negotiating Council ☐ Other

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1. INTRODUCTION

1.1 The purpose of this report is to facilitate appointment of a Lead Governor by the Council of Governors.

2. BACKGROUND

2.1 The Council of Governors appointed Mr L Jenkins as Lead Governor at its meeting held on 8 December 2016. The Role Specification for Lead Governor, at that time, stated that the appointment would be made for a one year period and, consequently, the position is now due for annual review.

2.2 Governors are requested to note that NHS Improvement does not specify the scope of the Lead Governor role beyond its requirement for an individual to facilitate direct communication between NHS Improvement and the NHS Foundation Trust's Council of Governors. It is anticipated that such direct communication would only be necessary in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through normal channels.

3. CURRENT SITUATION

3.1 The Director of Corporate Affairs wrote to Governors on 16 November 2017 seeking expressions of interest for the role of Lead Governor with a deadline of noon on 29 November 2017 for the submission of any expressions. An expression of interest was received from Mr L Jenkins, who is the current Lead Governor. A copy of the supporting statement for Mr L Jenkins is included for reference at Annex A.

Governors are requested to note that a revised Role Description for the Lead Governor position was approved by the Council of Governors on 24 July 2017. This incorporated an amendment to introduce a two-year term of office for the Lead Governor position. Consequently, the recommendation of the report is on the basis of appointment for the two-year period 1 January 2018 – 31 December 2019.

4. RECOMMENDATIONS

4.1 The Council of Governors is recommended to:

- Appoint Mr L Jenkins as Lead Governor for two-year period with effect from 1 January 2018.

Annex A

Supporting Statement – Mr L Jenkins

"I offer myself for re-election as Lead Governor. After 7 years as a Governor and 4 years as Lead Governor I freely admit that I am still learning, as is obvious on occasion. However, if you want me again, I would continue to work hard in the role and do my very best for patients, the Trust and the Council.

Recognising that long tenure in any post carries the risk of compromising independence I warrant that I would continue to faithfully communicate and articulate the views of Council in whatever meeting or forum it fell to me to represent them".

Stockport NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS

LEAD GOVERNOR – ROLE SPECIFICATION

1. THE ROLE

1.1 The Lead Governor will:

i. Act as a contact point for Governors with NHS Improvement should the need arise.

ii. Work with the Chair of the Board of Directors to ensure that the Council of Governors is working effectively. Chair such parts of the meetings of the Council of Governors which cannot be chaired by the Chair or the Deputy Chair of the Trust due to a conflict of interest in relation to the business being discussed.

iii. Meet with the Senior Independent Director and provide input to the Chair's annual appraisal on behalf of the Council of Governors.

iv. Be appointed by the Council of Governors from amongst the Public Governors, Staff Governors or Appointed Governors in accordance with Annex 5 of the Trust's Constitution.

v. Be appointed for a two year period and may seek re-appointment at the end of that period.

vi. Meet routinely with the Chair to plan and prepare the agenda for Council of Governors meetings.

vii. Meet at least every six months with the Chief Executive.

viii. Contribute to the induction and training of Governors.

ix. Work with individual Governors who need advice or support to fulfil their role as a Governor.

x. Represent the Council of Governors at Trust or other events when appropriate.

xi. Meet with members of the Council of Governors at least once a year.

1.2 The Lead Governor should take steps to understand NHS Improvement's role, and the basis on which NHS Improvement may take regulatory action, in order to communicate more widely with other Governors.

2. THE PERSON

2.1 To be able to fulfil the role effectively, the Lead Governor will:

i. Have the confidence of Governor colleagues and of members of the Board of Directors.

ii. Have the ability to influence.

iii. Be able to present well-reasoned arguments on behalf of the Council of Governors.

iv. Be committed to the success of Stockport NHS Foundation Trust.

v. Be able to meet the necessary time commitment (experience shows that, on average, this will amount to approximately 1.5 days per month in addition to the time already spent in the role of Governor).

Stockport NHS
NHS Foundation Trust

Report to:	Council of Governors	**Date:**	6 December 2017
Subject:	Governor Committee Arrangements		
Report of:	Director of Corporate Affairs	**Prepared by:**	P Buckingham

REPORT FOR APPROVAL

Corporate objective ref:	N/A
Board Assurance Framework ref:	N/A
CQC Registration Standards ref:	N/A
Equality Impact Assessment:	☐ Completed X Not required

Summary of Report
Identify key facts, risks and implications associated with the report content.

The purpose of this report is to present the outcomes of a refresh of Governor Committee arrangements to the Council of Governors for approval.

Attachments:	Appendix 1 – Schedule of Meetings 2018 Annex A – Draft Terms of Reference Governance & Membership Committee Annex B – Draft Terms of Reference Patient Experience Committee Annex C – Draft Terms of Reference Quality Standards Committee

This subject has previously been reported to:	☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☐ Quality Assurance Committee ☐ F&P Committee	☐ PP Committee ☐ SD Committee ☐ Charitable Funds Committee ☐ Nominations Committee ☐ Remuneration Committee ☐ Joint Negotiating Council ☐ Other

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1. INTRODUCTION

1.1 The purpose of this report is to present the outcomes of a refresh of Governor Committee arrangements to the Council of Governors for approval.

2. BACKGROUND

2.1 The Council of Governors has historically undertaken a bi-annual refresh of Committee membership to facilitate both a rotation of members and enable Governors to develop an understanding of different Committee subject areas. In addition, at the most recent meeting on 9 October 2017, the Council of Governors agreed to revise its Committee arrangements and establish the following Committees:

- Governance & Membership Committee
- Patient Experience Committee
- Quality Standards Committee

It was agreed that Terms of Reference for the above Committees would be presented to the Council of Governors for approval on 6 December 2017.

2.2 With regards to Committee membership, Governors were invited to express their preferences with the aim of ensuring that all Governors have the opportunity to participate in one of the Committees. Provisional Committee membership, based on preferences identified at the time of preparing the report is included at s5 of the report. In addition, Governors were invited to submit expressions of interest to fill a vacancy in current Nominations Committee membership.

3. TERMS OF REFERENCE

3.1 Draft Terms of Reference for the three Governor Committees have been prepared by the Director of Corporate Affairs and are included for reference at Annex A-C of the report. The content of the Terms of Reference is largely based on merging the functions of the previously separate Governance and Membership Committees and separating functions of the previous Patient Safety & Quality Standards Committee.

3.2 The draft Terms of Reference for the Governance & Membership Committee were considered at an initial meeting of this new Committee held on 20 November 2017 and were recommended for approval by the Governors present at the meeting. All three draft Terms of Reference were circulated to Governors with the request for Committee membership preferences and comments / feedback was received in relation to content.

4. NOMINATIONS COMMITTEE

4.1 Governors were invited to submit expressions of interest to fill a current vacancy in the Nominations Committee membership. One expression of interest was received from Mr R Greenwood. Consequently, it is recommended that Mr R Greenwood be appointed as a Governor member of the Nominations Committee with effect from 6 December 2017.

5. GOVERNOR COMMITTEE MEMBERSHIP

5.1 Based on preferences expressed to date, 30 November 2017, proposed membership of the three Governor Committees is as follows:

Governance	Patient Experience	Quality Standards
Les Jenkins (1)	Linda Appleton (1)	Charles Galasko (1)
Eve Brown (1)	Lance Dowson (1)	Caroline Mitchell (1)
Roy Greenwood (1)	Tad Kondratowicz (1)	Ron Catlow (1)
Robert Cryer (1)	Lynne Woodward (1)	Gerry Wright (1)
Tom McGee (1)	Julie Wragg (1)	Tony Johnson (1)
Isabel Daniel (1)	Tony Johnson (2)	Richard King (1)
Linda Appleton (2)	Charles Galasko (2)	Les Jenkins (2)
Richard King (2)	Gerry Wright (2)	Tad Kondratowicz (2)
	Eve Brown (2)	Julie Wragg (2)
	Caroline Mitchell (2)	Isabel Daniel (2)
Figures in brackets reflect first and second preferences.		

5.2 Updated details of proposed membership will be provided at the meeting on 6 December 2017. However, Governors should note that the draft Terms of Reference for each of the Committees currently stipulate a membership of eight Governors. It may be the case that the membership level will need to be reviewed once a complete picture of Governor preferences is available. It should also be noted that the Terms of Reference include provision for Governors to attend any of the Committee meetings in an observer capacity.

5.3 As discussed at the Council of Governors meeting held on 9 October 2017, it is proposed that each of the three Committees meet on a quarterly basis during the month prior to Council meetings to facilitate timely reporting to the Council of Governors. Proposed meeting dates for 2018 are included for reference at Appendix 1 of the report. In view of the revised Committee arrangements, the Council of Governors may wish to consider whether initial meetings should be held in January / February 2018 in order to develop practice and appoint Committee Chairs.

6. RECOMMENDATIONS

6.1 The Council of Governors is recommended to:

- Approve the Terms of Reference for Governor Committees as detailed at Annex A-C of the report.
- Approve the appointment of Mr R Greenwood as a Governor member of the Nominations Committee with immediate effect.
- Agree initial membership for the revised Governor Committees and note the meeting schedule for 2018.

Appendix 1

SCHEDULE OF MEETINGS 2018

Governance & Membership	Patient Experience	Quality Standards	Council of Governors*
Mon, 5 March 2018 @ 4.30pm	Thu, 8 March 2018 @ 2.00pm	Thu, 15 March 2018 @ 2.00pm	Mon, 16 April 2018 @ 6.00pm
Mon, 4 June 2018 @ 4.30pm	Thu, 7 June 2018 @ 2.00pm	Thu, 14 June 2018 @ 2.00pm	Wed, 18 July 2018 @ 6.00pm
Mon, 3 September 2018 @ 4.30pm	Thu, 6 September 2018 @ 2.00pm	Thu, 13 September 2018 @ 2.00pm	Mon, 1 October 2018 @ 2.00pm
Mon, 5 November 2018 @ 4.30pm	Thu, 8 November 2018 @ 2.00pm	Thu, 15 November 2018 @ 2.00pm	Wed, 5 December 2018 @ 2.00pm
*Council of Governors meetings will normally be preceded by an informal development session for Governors.			

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Stockport NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS – GOVERNANCE & MEMBERSHIP COMMITTEE

DRAFT TERMS OF REFERENCE

1. CONSTITUTION

1.1 The Council of Governors hereby resolves to establish a Committee of the Council, to be known as the Governance & Membership Committee *(hereinafter referred to as 'the Committee')*. The Committee is a non-executive Committee of the Council of Governors and has no executive powers, other than those specifically delegated within these terms of reference.

2. REMIT AND FUNCTIONS OF THE COMMITTEE

2.1 The Committee is established to consider matters of both Governance and Membership related to the duties and responsibilities of the Council of Governors and to make recommendations, where appropriate, to the Council of Governors for approval.

2.2 The main functions of the Committee are to:

a. <u>Governance</u>

i. monitor compliance with the Council of Governor-related elements of the NHS Foundation Trust Code of Governance and other Governor-related guidance where the comply or explain principle applies.

ii. participate in periodic reviews of the Trust's constitution and make recommendations for amendments to the Council of Governors for approval.

iii. consider and inform arrangements for elections to the Council of Governors.

iv. work with the Audit Committee of the Board of Directors with regard to the appointment of the Trust's External Auditors by the Council of Governors.

v. provide a Governor view on general Annual Report content and work with the Company Secretary in preparing the Council of Governor-related content of the Trust's Annual Report and Accounts.

vi. monitor levels of Governor attendance at meetings of the Council of Governors and compliance with requirements of the Code of Conduct.

vii. consider the process for periodic review of the effectiveness of the collective performance of the Council of Governors and make recommendations as appropriate to the Council.

viii. consider the development needs of the Council of Governors and identify subject areas for the Council's development programme.

b. Membership

i. participate in periodic reviews of the Trust's Membership Strategy and recommend revised strategy documents to the Council of Governors for approval.

ii. monitor delivery of the Trust's Membership Strategy and formulate Annual Membership Plans to facilitate delivery. Annual Membership Plans will include:

- Review of progress with the Membership Strategy
- Annual recruitment targets
- Recruitment and engagement plans

iii. monitor delivery of the Annual Membership Plan through scrutiny of regular membership reports from the Communications Team.

iv. use membership report content to analyse the public membership profile and seek assurance that the membership remains representative of the local population.

v. contribute to the development of membership materials, including content of the Members' Newsletter.

vi. contribute to the preparation and delivery of an annual programme of members' events.

vii. support delivery of the Annual Membership Plan through; distribution of promotional materials, such as posters, newsletters and leaflets, raising awareness by attendance at public events and meetings and supporting member recruitment activities.

viii. identify opportunities for developing Governor and Member engagement and support activities in this area.

3. COMPOSITION AND CONDUCT OF THE COMMITTEE

3.1 The Committee shall comprise of eight Governors and at least half of the membership shall be comprised of Public Governors. The Chairman of the Committee will be elected by the Committee members on a bi-annual basis.

3.2 The Chair of the Council of Governors, the Senior Independent Director and the Chief Executive will be routinely invited to attend meetings in order to present and provide clarification on issues, and with the consent of the Chair will be permitted to participate in the debate. However, only members of the Committee are permitted to vote.

3.3 Membership of the Committee will be reviewed bi-annually at the first meeting of the Council of Governors after the Annual Members Meeting. Governors will be invited to express an interest in membership of the Committee prior to that meeting of the Council of Governors. Vacancies will be filled by open self nomination and election by the Council of Governors if necessary for the appropriate term.

3.4 All Governors will be welcome to attend and observe meetings of the Committee. However, participation in the debate and voting rights will be restricted to the formal members of the Committee.

3.5 ***Quorum***. No business shall be transacted unless at least four of the members of the Committee are present.

3.6 ***Notice of meeting***. Before each meeting, a notice of the meeting specifying the business proposed to be transacted shall be sent by post or electronic mail to the usual place of business or residence of each member, so as to be available at least three clear working days before the meeting.

3.7 ***Frequency of meetings***. The Committee will normally meet on a quarterly basis. The Chair may, however, call a meeting at any time provided that notice of the meeting is given as specified in s. 3.6 above.

3.8 ***Minutes***. The minutes of meetings shall be formally recorded by a member of the Corporate Governance team. Draft minutes will be checked by the Chair, will be circulated to Committee members as soon as practicable and will be submitted for agreement at the next ensuing meeting, whereupon they will be signed by the person presiding at it.

3.8 ***Administration***. The Committee shall be supported administratively by the Company Secretary, whose duties shall include: advising the Committee on pertinent areas, agreement of the agenda with the Chair and collation of papers and producing the minutes of the meeting.

4. RELATIONSHIP WITH THE COUNCIL OF GOVERNORS

4.1 The Committee will provide a summary report of business conducted to the Council of Governors together with any relevant recommendations. The Council of Governors will use that report as the basis for their decisions, but would remain accountable for taking the decision. Minutes of the meetings of the Council of Governors will record such decisions.

Stockport NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS
PATIENT EXPERIENCE COMMITTEE

DRAFT TERMS OF REFERENCE

1. CONSTITUTION

1.1 The Council of Governors hereby resolves to establish a Committee of the Council, to be known as the Patient Experience Committee *(hereinafter referred to as 'the Committee')*. The Committee is a non-executive Committee of the Council of Governors and has no executive powers, other than those specifically delegated within these terms of reference.

2. REMIT AND FUNCTIONS OF THE COMMITTEE

2.1 The Committee is established to consider matters of Patient Experience related to the duties and responsibilities of the Council of Governors and to make recommendations, where appropriate, to the Council of Governors for approval.

2.2 The main functions of the Committee are to:

i. provide a Governor perspective on the content and delivery of the Trust's patient experience initiatives.

ii. consider reports on matters relating to complaints, claims and compliments.

iii. Consider outcomes of patient satisfaction surveys, both national and local, to gain an understanding of levels of patient care.

iv. Gain an understanding on behalf of the Council of Governors of the effectiveness of arrangements in place to comply with Safeguarding requirements

v. Provide a Governor view on outcomes of Patient-Led Assessment of the Care Environment (PLACE) inspections.

vi. Provide a governor view on the effectiveness of the Trust's communications with service users.

vii. develop a Governor perspective on matters of patient experience.

viii. Consider and propose ways in which governors and/or the wider membership could contribute to patient experience activities.

3. COMPOSITION AND CONDUCT OF THE COMMITTEE

3.1 The Committee shall comprise of eight Governors. The Chairman of the Committee will be elected by the Committee members on a bi-annual basis. In the event that the Chairman is unable to attend a meeting, the remaining members will elect a Chairman for the meeting from amongst those present.

3.2 The Deputy Director of Nursing and Matron for Patient Experience will be routinely invited to attend meetings in order to present and provide clarification on issues, and with the consent of the Chair will be permitted to participate in the debate. However, only members of the Committee are permitted to vote.

3.3 Membership of the Committee will be reviewed bi-annually at the first meeting of the Council of Governors after the Annual Members Meeting. Governors will be invited to express an interest in membership of the Committee prior to that meeting of the Council of Governors. Vacancies will be filled by open self nomination and election by the Council of Governors if necessary for the appropriate term.

3.4 All Governors will be welcome to attend and observe meetings of the Committee. However, participation in the debate and voting rights will be restricted to the formal members of the Committee.

3.5 There is an expectation that members will attend all Committee meetings during each financial year. Individual attendance levels will be monitored by the Chair of the Committee who will take appropriate measures to address any repeated instances of non-attendance.

3.6 ***Quorum***. No business shall be transacted unless at least four members of the Committee are present.

3.7 ***Notice of meeting***. Before each meeting, a notice of the meeting specifying the business proposed to be transacted shall be sent by post or electronic mail to the usual place of business or residence of each member, so as to be available at least three clear working days before the meeting.

3.8 ***Frequency of meetings***. The Committee will normally meet on a quarterly basis. The Chair may, however, call a meeting at any time provided that notice of the meeting is given as specified in s. 3.7 above.

3.9 ***Minutes***. The minutes of meetings shall be formally recorded by a member of the Corporate Governance team. Draft minutes will be checked by the Chair, will be circulated to Committee members as soon as practicable and will be submitted for agreement at the next ensuing meeting, whereupon they will be signed by the person presiding at it.

3.10 ***Administration***. The Committee shall be supported administratively by a member of the Corporate Governance team whose duties shall include: advising the Committee on pertinent areas, agreement of the agenda with the Chair and collation of papers and producing the minutes of the meeting.

4. RELATIONSHIP WITH THE COUNCIL OF GOVERNORS

4.1 The Committee will provide a summary report of business conducted to the Council of Governors together with any relevant recommendations. The Council of Governors will use that report as the basis for their decisions, but would remain accountable for taking the decision. Minutes of the meetings of the Council of Governors will record such decisions.

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Stockport NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS
QUALITY STANDARDS COMMITTEE

DRAFT TERMS OF REFERENCE

1. CONSTITUTION

1.1 The Council of Governors hereby resolves to establish a Committee of the Council, to be known as the Quality Standards Committee *(hereinafter referred to as 'the Committee')*. The Committee is a non-executive Committee of the Council of Governors and has no executive powers, other than those specifically delegated within these terms of reference.

2. REMIT AND FUNCTIONS OF THE COMMITTEE

2.1 The Committee is established to consider matters of Quality Standards related to the duties and responsibilities of the Council of Governors and to make recommendations, where appropriate, to the Council of Governors for approval.

2.2 The main functions of the Committee are to:

i. provide a Governor perspective on content and delivery of the Trust's Quality Improvement Plan.

ii. receive feedback from the Board's Quality Assurance Committee by means of a Key Issues Report and reports from Governor observers. The Chairman of the Quality Assurance Committee will be invited to attend meetings of this Committee.

iii. provide a Governor view on any proposed quality developments.

iv. provide a view on the content and presentation of the Trust's Annual Quality Report and collectively prepare the 'Statement from Governors' for inclusion in the report.

v. select an appropriate indicator for audit, as part of the audit of the Annual Quality Report, on behalf of the Council of Governors

vi. consider and propose ways in which the membership and public can be engaged in the Trust's Quality Improvement Plan.

vii. develop a Governor understanding on matters relating to quality assurance and clinical audit.

viii. Provide a view, on behalf of the Council of Governors, as to how Governors could contribute to assurance on compliance with quality standards e.g. through participation in mock inspections, patient safety walkabouts.

3. COMPOSITION AND CONDUCT OF THE COMMITTEE

3.1 The Committee shall comprise of eight Governors. The Chairman of the Committee will be elected by the Committee members on a bi-annual basis. In the event that the Chairman is unable to attend a meeting, the remaining members will elect a Chairman for the meeting from amongst those present.

3.2 The Chairman of the Quality Assurance Committee will be routinely invited to attend meetings in order in order to present and provide clarification on issues, and with the consent of the Chair will be permitted to participate in the debate. However, only members of the Committee are permitted to vote.

3.3 Membership of the Committee will be reviewed bi-annually at the first meeting of the Council of Governors after the Annual Members Meeting. Governors will be invited to express an interest in membership of the Committee prior to that meeting of the Council of Governors. Vacancies will be filled by open self nomination and election by the Council of Governors if necessary for the appropriate term.

3.4 All Governors will be welcome to attend and observe meetings of the Committee. However, participation in the debate and voting rights will be restricted to the formal members of the Committee.

3.5 There is an expectation that members will attend all Committee meetings during each financial year. Individual attendance levels will be monitored by the Chair of the Committee who will take appropriate measures to address any repeated instances of non-attendance.

3.6 ***Quorum***. No business shall be transacted unless at least four members of the Committee are present.

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3.9 ***Minutes***. The minutes of meetings shall be formally recorded by a member of the Corporate Governance team. Draft minutes will be checked by the Chair, will be circulated to Committee members as soon as practicable and will be submitted for agreement at the next ensuing meeting, whereupon they will be signed by the person presiding at it.

3.10 ***Administration***. The Committee shall be supported administratively by a member of the Corporate Governance team whose duties shall include: advising the Committee on pertinent areas, agreement of the agenda with the Chair and collation of papers and producing the minutes of the meeting.

4. RELATIONSHIP WITH THE COUNCIL OF GOVERNORS

4.1 The Committee will provide a summary report of business conducted to the Council of Governors together with any relevant recommendations. The Council of Governors will use that report as the basis for their decisions, but would remain accountable for taking the decision. Minutes of the meetings of the Council of Governors will record such decisions.

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STOCKPORT NHSFT
Council of Governors

Report of: Les Jenkins **Date of Meeting: 6 December 2017**

Report of the Governance & Membership Committee

1. Present

Governors Present	Non-Executive Directors	Trust Representatives
Les Jenkins	Nil	Ann Barnes
Eve Brown		Paul Buckingham
Roy Greenwood		Alicia Custis
Robert Cryer		Helen O'Brien
Gerry Wright		
Linda Appleton		
Tad Kondratowicz		
Catherine Barton		
Caroline Mitchell		

2. Meetings held on

An initial meeting of the Committee was held on 20 November 2017 following the Council of Governors decision to merge the former Governance and Membership Committees. Those present noted that the meeting was held in advance of formal approval of relevant Terms of Reference and agreed that Mr L Jenkins should Chair the meeting.

3. Agenda Items

1. CEO Updates
2. Committee Terms of Reference
3. Membership Report
4. Update on CEO Recruitment
5. Developing Council of Governor Practice

4. Issues to be brought to the attention of the Council of Governors

1. CEO Updates

Mrs A Barnes provided the Committee with updates on the following subject areas:

- Emergency Department Performance
- CQC Inspections
- Strategic Programmes

2. Committee Terms of Reference

Mr P Buckingham presented draft Terms of Reference for the Governance & Membership Committee for consideration and comment. Those present reviewed the proposed Terms of Reference and sought clarification on a number of points. It was noted that the functions of the Committee were an amalgamation of the functions previously undertaken by the former Governance Committee and Membership Development Committee. Those present recommended the draft Terms of Reference to the Council of Governors for approval.

3. Membership Report

Mrs A Custis and Mrs H O'Brien presented a report which detailed the current position on Trust membership. Those present noted a total of 11,605 public members, a marginal decrease from the July 2017 position, and a positive response in terms of 'opened rates' for e-mail engagement with the membership. Those present considered proposals for member health talks / tours in 2018 and endorsed the following programme:

Date	Time	Subject
4 April 2018	1200-1300	Heart Disease
24 July 2018	1900-2000	Joint Replacement
18 September 2018	1900-2000	Eye Sight inc Cataracts
20 November 2018	1200-1300	Radiology Tour

The Committee noted introduction of the new format Stepping Up newsletter and endorsed a proposal from the Communications Team to increase the frequency of the newsletter. It is now planned to produce the newsletter on a bi-monthly basis. Those present discussed the revised format for the Annual Members Meeting held in October 2017 and agreed that, while there had been a number of time pressures, the revised format had been a positive approach which could be further developed.

4. Update on CEO Recruitment

Mr P Buckingham reminded those present that Mrs H Thomson would formally assume the role of Interim Chief Executive with effect from 1 January 2018, following the retirement of Mrs A Barnes on 31 December 2017. He advised that a process to recruit a substantive Chief Executive would commence in early January 2018.

5. Developing Council of Governor Practice

Mr L Jenkins briefed those present of discussions held with Mr A Belton and Mr C Hudsmith to identify means of improving effectiveness of Council of Governors meetings. He noted that this followed discussion at the Council of Governors meeting held on 9 October 2017 on the subject of the holding to account role of Governors. It had been agreed that Governors would trial a proposed approach developed by Mr C Hudsmith at a session prior to the formal Council of Governors meeting on 6 December 2017.